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## The Health Needs of the Nation as Reflected by Selective Service

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■ It is with deep appreciation that Selective Service accepts this opportunity to address the 1943 Postgraduate Conference on War Medicine at the 78th Annual Session of the Michigan State Medical Society. The subject selected is "The Health Needs of the Nation as Reflected by Selective Service."\* This is a matter of vital significance to the nation at this time. Honorable Paul V. McNutt, Chairman of the War Manpower Commission, and Major General Lewis B. Hershey, Director, Bureau of Selective Service, are vitally interested in all matters pertaining to the health and welfare of the people. They have ardently supported all conferences that have

Read before the 1943 Postgraduate Conference on War Medicine at the 78th Annual Session of the Michigan State Medical Society, September 23, 1943, Detroit.

\*Selective Service has its own Division of Research and Statistics and carries out statistical studies for its own purposes. Their surveys yield only a partial picture of the health of the nation. Only through correlating Selective Service findings with those of other governmental agencies (Army, Navy, U. S. Public Health Service, Veterans Administration, et cetera) are the health needs of the nation revealed in their entirety. By the present contribution an attempt is being made to reflect the general picture as seen through the eyes of Selective Service.

to do with improvement of health and physical fitness and both have given valuable guidance and much aid in this field.

The situation is essentially as follows: This country is now in the midst of the most gigantic, ruthless, savage struggle of all times. Two basic requirements essential to victory are fighting men and weapons of war. Men and equipment must be superior to those of our enemies in quality and quantity. How can these critical needs be supplied? Both require tremendous manpower. Our population is large and supposedly sufficient for all the needs, but the War Manpower Commission, as well as Selective Service, has long since learned that the manifold demands cannot be met except with rare wisdom in recruitment and placement. The optimal use of manpower necessitates comprehensive visualization of all the problems involved, clear insight as to their actual and relative importance and accurate figures as to the numbers of individuals needed and available for service with the fighting forces and for essential industries. In computing the needs for the military establishment one factor must be kept in mind; namely, that only the healthy and fit can qualify for the fighting forces.

Manpower has two objectives: to supply legitimate demands in all fields and to place every registrant in the position where he can best serve the needs of the nation. Information of the kind needed for these purposes can be obtained only through the aid of statistics. Selective Service has been fortunate to date in that its Division of Research and Statistics has been competent to meet all its major needs. Statistical surveys have been made in many different fields involving manpower problems but it is believed that in none have the findings been more significant to the nation than those relating to the rejections of

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registrants for military service because of physical or mental unfitness.

Such figures depict the health defects of the nation. In this connection therefore Selective Service is functioning as a mirror, reflecting the picture of health and illness of the nation. Now that the picture is available, it should be scrutinized and studied with great care. The nation is at present in an admirable position to visualize its defects, to determine its health needs, and to take many steps toward the improvement of the situation. This has the utmost significance for war needs and also for postwar programs.

In this connection some figures will be of decided interest.

TABLE I

Total population of the United States.....	130,000,000
Civilian workers .....	53,000,000
Eligible men registered (18-44) .....	29,000,000
Eligible men subject to call (18-37) .....	22,000,000
Registrants examined .....	13,000,000
Men in service with the fighting forces .....	9,300,000
Number classified IV-F* .....	3,500,000

\*This does not include the large numbers of men rejected by the Navy prior to February 1, 1943.

These figures speak for themselves. Under no stretch of the imagination can they be taken as indicative of a satisfactory state of health and physical fitness among our registrants. While it is true that many of the disqualifying defects leading to IV-F classification are in some respects minor in nature, yet they represent unfitness for combat duty and constitute a health handicap that stands as a challenge to the nation.

Since so many millions of men are involved in these recent statistical studies, it can be assumed that the figures afford a rather fair index of the actual health condition of the nation as a whole. Let us, therefore, study these reports, see what they have disclosed to date, and what they reflect for the future.

Fortunately, not one but several surveys have been conducted, most of them include incidence of defects as well as rates of rejections for disqualifying defects. The figures have been broken down by age, race, states, occupation and residence (urban vs. rural). The rate of rejection, though of greatest importance in a military sense, is not always the most accurate index of national health and needs, since the rate of rejection varies directly with the height of admission standards. The standards for admission vary in turn with the available pool of manpower and the size and urgency of military needs. As a matter of

fact, admission requirements are adjusted constantly (raised or lowered) to insure an inflow of fit men adequate for military duty. The defect incidence rate, therefore, is often the more reliable index of the health of the nation than is the rejection rate.

Statistics are no more reliable than the basic data they cover. The reliability of the clinical diagnoses is enhanced somewhat in the present practice by the fact that double screening is exercised in the examination of men for service. In the first year and a half of operation of Selective Service, the burden of rejection was largely on the Selective Service boards (forty-one of the 50 per cent rejected), while in the last eighteen months it rested with the armed forces induction stations, thirty-five of the 42 per cent now being rejected. Despite the lowering of standards for admission and the changes in examining procedures and examining personnel, the rejection rate remains high.

## Medical Statistical Bulletin No. 1

Survey No. 1 deals with the procurement program for the selection and training of a peacetime Army and covers roughly the period from October, 1940, until the attack on Pearl Harbor and America's entrance into the war. During this period admission requirements were relatively high since the available manpower pool was large (at that time considered inexhaustible) and our participation in war a matter of uncertainty. Only the men from twenty-one to thirty-six years of age were accepted, and during the later months only men from twenty-one to twenty-eight years.

The results were surprising and somewhat disheartening. Of the first 2 million men examined, 1 million or 50 per cent were found unfit for service with the Army because of physical or mental defects (900,000) or educational deficiency (100,000). The breakdown was as shown in Table II.

Two-thirds of the registrants physically examined by local boards were between the ages of twenty-one and twenty-seven, inclusive. Registrants between the ages of twenty-eight and thirty-six, inclusive, accounted for 31.3 per cent of the total number examined. Rejections for registrants between the ages of thirty-one and thirty-six, inclusive, were nearly twice as great as that for registrants between the ages of twenty-one and

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TABLE II. ESTIMATED NUMBER OF REGISTRANTS UNQUALIFIED FOR GENERAL MILITARY SERVICE BECAUSE OF PHYSICAL AND MENTAL REASONS

Major defect or disease	Total unqualified for general military service	Percentage of estimated total unqualified for general military service
Teeth	188,000	20.9
Eyes	123,000	13.7
Cardiovascular system	96,000	10.6
Musculo-skeletal	61,000	6.8
Venereal	57,000	6.3
Mental and nervous	57,000	6.3
Hernia	56,000	6.2
Ears	41,000	4.6
Feet	36,000	4.0
Lungs (including tuberculosis)	26,000	2.9
Miscellaneous*	159,000	17.7
Total	900,000	100.0

\*Including diseases and defects of the mouth and gums, nose, throat, kidneys and urinary system, abdomen, genitalia, and skin; also hemorrhoids, varicose veins, tumors and infectious and parasitic diseases.

twenty-five, inclusive. The rejection rate for urban and for rural areas were essentially the same.

In this survey a total of 27,031 defects was tabulated from the 19,923 reports of physical examination, an average of 1.4 defects per registrant examined. No defects were recorded, however, for 5,741 registrants, or 29 per cent of the total number examined. At least one defect was recorded for 14,182 registrants, an average of 1.9 defects per registrant with defects. Two defects were recorded for 8,433 registrants and three defects were recorded for 4,416 registrants. A maximum of three defects per registrant was tabulated. More than one-half of the registrants qualified for general military service had disqualifying defects.

Medical Statistical Bulletin No. 2

A second survey (Medical Statistical Bulletin No. 2) covered the results of study of a larger group, 3,000,000 registrants, examined through September, 1941. It confirms the results as reported earlier and shows a total rejection rate of 52.8—43.8 per cent at local boards and 9.0 per cent at the Armed Forces Induction Stations.

Negro registrants had higher rejection rates than whites: 59.4 per cent as opposed to 51.9 per cent. Syphilis and educational deficiency in

TABLE III. LEADING CAUSES OF REJECTION

Dental	16.5
Eyes	11.7
Mental and nervous	10.4
Cardiovascular	10.0
Musculo-skeletal	8.9
Hernia	5.9
Venereal disease	5.9
Ear, nose and throat	5.5
Lungs	3.8
Educational deficiency	3.8
Feet	3.0
Underweight	2.9
Other causes	11.7

the Negro were chiefly responsible for the higher rate.

Since age and race play so important a role in the rates of rejection, it is desirable to have a definite statement concerning these factors; the age, height, weight, for whites and Negroes is therefore included.

*Incidence of All Recorded Defects.*—An average of 1.58 defects was recorded for all registrants examined. This is slightly in excess of the 1.4 average as determined in Survey No. 1.

*Significance of Peacetime Survey.*—For the nation at large these figures should have permanent significance. Subsequently standards were changed and with them the rejection rates for various defects, but findings in the later surveys do not alter in any way the significance of the earlier survey. For example, both Medical Statistical Bulletin No. 1 and 2 place dental defects first as a cause for rejection. The rate was so high that it engendered public resentment. The dental requirements for admission were lowered. Consequently dental defects practically disappeared from the list of causes for rejection. But this in no way decreased the seriousness of dental defects as a national problem. In fact, the situation was so serious from the military point of view that the Dental Corps of the Army was compelled to develop and operate its own dental rehabilitation program from within. It would appear therefore that the dental situation was too serious to be handled on the outside.

However, this dental rehabilitation program has been limited to the military forces. The situation so far as the civilians are concerned is status quo. The dental problem, therefore, remains one of our chief considerations in any program aimed at improvement in national health.

To obtain some idea of the magnitude of the dental service being rendered currently by the

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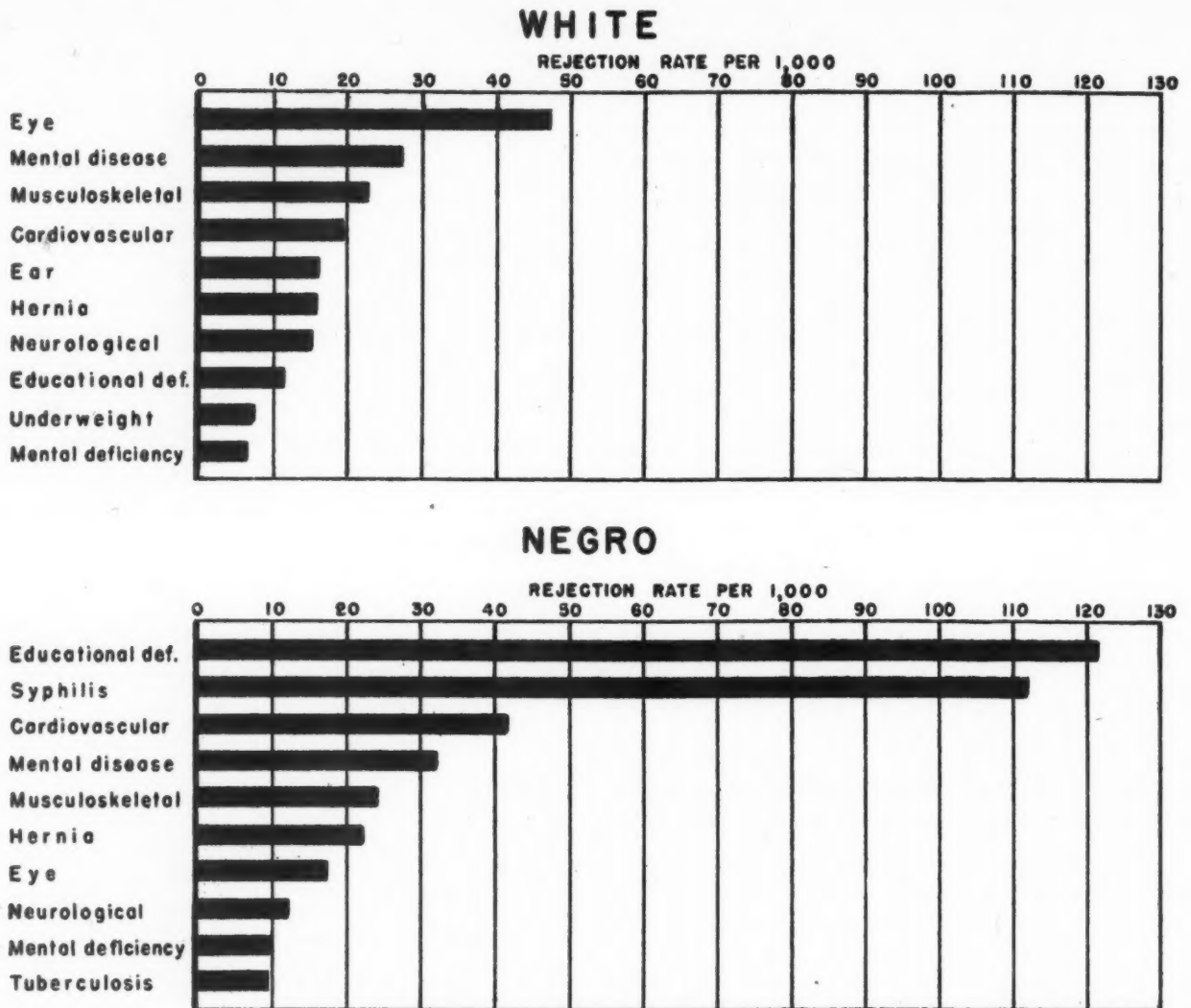


Fig. 1 a. Leading causes of rejections of eighteen- and nineteen-year-old registrants, by race, December, 1942–February, 1943.

Army Dental Corps, the following summary of professional services is of significant interest.\*

## SUMMARY OF PROFESSIONAL SERVICES OF THE ENTIRE ARMY DENTAL CORPS FOR THE YEAR 1942

Number of cases admitted for treatment.....	4,319,506
Number of sittings.....	13,009,292
Number of root fillings.....	8,688
Number of permanent fillings.....	7,830,688
Number of bridges constructed.....	11,405
Number of crowns constructed.....	6,331
Number of bridges and crowns repaired.....	16,685
Number of dentures constructed.....	145,899
Number of dentures repaired.....	40,527
Number of prophylactic treatments.....	997,447
Number of extractions.....	3,302,781

*The Effect of Age and Rates of Rejection.*—This has been made the basis of a special study and the results are depicted in tables and charts which indicate total rejections, rejections at the

induction stations and at the local board levels for whites and Negroes separately, and for whites and Negroes combined.

The data cover individuals from four of the five registrations and covers also the period from September, 1942, through February, 1943. The results are based on 442,447 Reports of Physical Examination and Induction, Forms 221 received at National Headquarters.

Rejection rate appears almost as a linear function of age. Throughout the age span represented by the first registration, men born 1904 to 1919, there is a fairly close approximation to a straight line relationship between rejection rates and year of birth. This holds for local board and induction station rejection rates and for white and for Negro registrants. A linear relationship between rejection rate and year of birth has been observed

\*Official release from War Department taken from the *Journal of the Michigan State Dental Society*, Volume 25, No. 8, August, 1943.

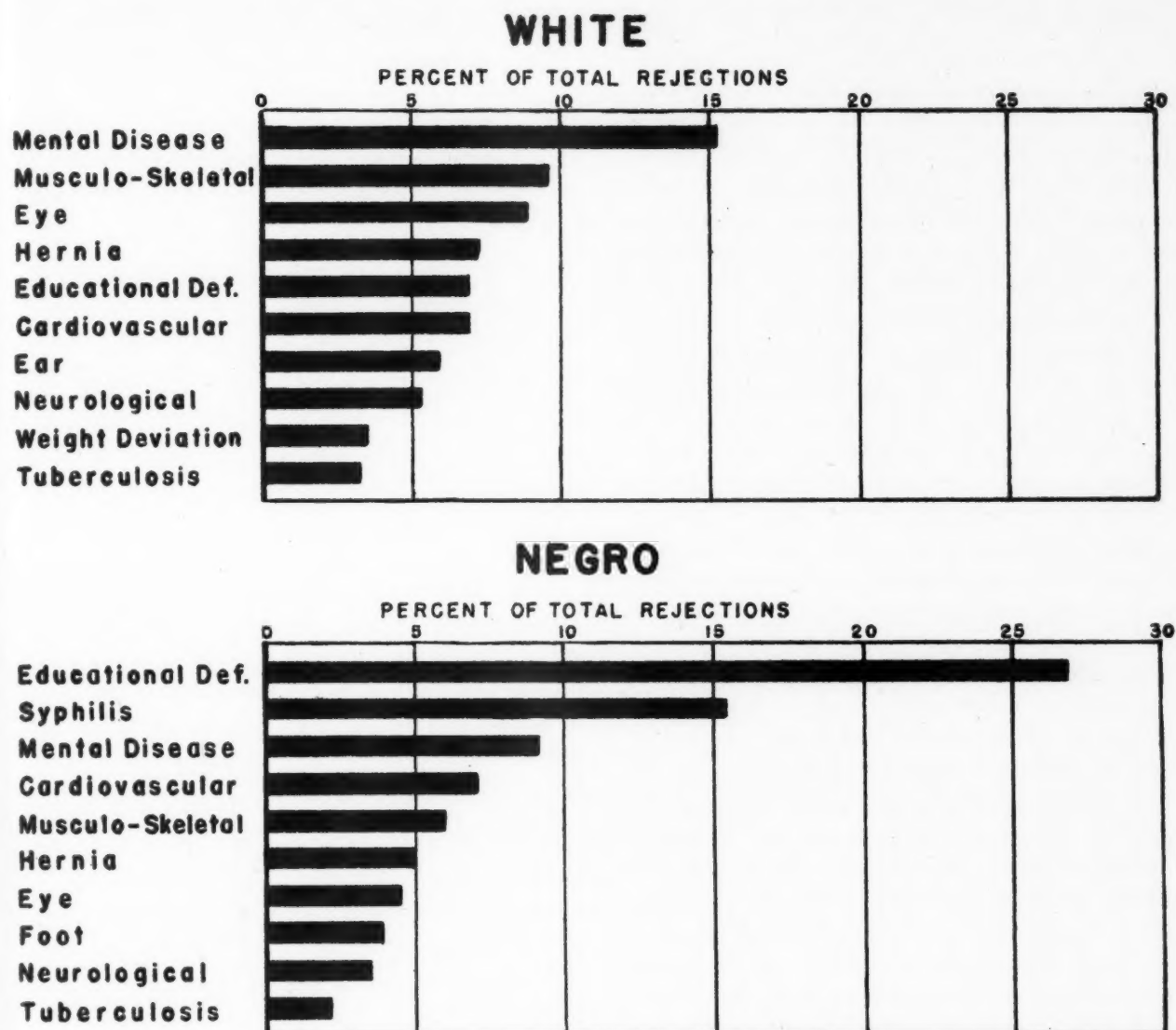


Fig. 1b. Leading causes of rejections of eighteen- and nineteen-year-old registrants, by race, April and May, 1943.

in this registration group previously, for the period of November, 1940, through September, 1941.

Through the age span represented by the older men of the third registration, men born 1897 to 1904, the data fall almost as closely along a straight line, but not along the projected path of the plotted points of the first registration. The third registration has slightly lower rejection rates than the rates that would have been predicted by such a projection. This results from the circumstances that physically fit men have been drawn from the first registration ever since November, 1940, leaving fewer fit men behind, whereas, the third registration group was processed only from March to December, 1942. As of December 31, 1942, over 3,400,000 of the

17,000,000 in the first registration were in the armed forces, but only 325,000 of 8,000,000 in the third registration were in the armed forces. An increased rejection rate for the first registration group results, and this increase is likely to continue as long as the same dependency categories of the first registration continue to be the source of military manpower. Unfortunately the incidence of defects in relation to age is not generally available so that the only material that can be utilized at present is rejection in relation to age. From this study it would appear that the rate of rejection is essentially a linear function of age.

*Causes of Rejection and the Incidence of Defects Among Eighteen- and Nineteen-year-old Selective Service Registrants.*—Data on rates of

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rejection, causes of rejection, and the incidence of physical and mental defects among eighteen- and nineteen-year-old registrants are here presented. This information is a sample of 45,585 Reports of Physical Examination and Induction, DSS Forms 221, received at National Headquarters of Selective Service. They represent physical examinations made at local boards and induction stations during December, 1942, and January and February, 1943.

Registrants born on or after January 1, 1922, and on or before June 30, 1924, were required to register at Selective Service local boards June 30, 1942, in the fifth registration but they did not become liable for training and service until the Selective Training and Service Act of 1940 was amended, effective November 14, 1942. Several factors limit the population under discussion here. Large numbers of physically fit eighteen and nineteen-year-old youths entered the armed forces by direct enlistment up to December 5, 1942, when induction by enlistment was discontinued. The Selective Service System was notified when registrants enlisted in the armed forces but was not advised of the physical findings of either accepted or rejected volunteers. During the period represented by these data, many youths remained in school or college under programs supported by the Army and the Navy which permitted them to finish a course of study before being called up for examination. Young men who had entered war industries or who were needed on farms and had been deferred because of occupation were not examined physically. The remaining eighteen and nineteen-year-olds whose order numbers were reached during December, 1942, and January and February, 1943, were called up for physical examination unless grounds for deferment existed and it is this group of eighteen- and nineteen-year-old registrants whose records are available for sampling and for study.

### Rejection Rates

Table IV shows the local board and induction station rejection rates for white and for Negro registrants born in 1923 and 1924. Of the white youths called up for physical examination, 23.8 per cent were rejected either at local boards or at induction stations. The corresponding rejection rate for Negro youths was almost twice as high, or 45.5 per cent. The difference is attrib-

TABLE IV. REJECTION RATES OF EIGHTEEN- AND NINETEEN-YEAR-OLD REGISTRANTS<sup>1</sup>  
Rejections per 100

Rejection Rate	White and Negro	White <sup>2</sup>	Negro
Local Board	5.2	4.3	16.5
Induction Station <sup>3</sup>	21.3	20.4	34.8
Combined Rate <sup>4</sup>	25.4	23.8	45.5

1. Based on a sample of 45,585 Reports of Physical Examination and Induction, D.S.S. Form 221, for eighteen and nineteen-year-old registrants. Registrants deferred at local board for reasons other than physical or mental defect are not included.

2. Includes all races other than Negro.

3. Based on the number of registrants who passed a local board physical examination and were forwarded to an induction station for examination.

4. Based on the number of registrants examined at local board who were rejected at local board or induction station.

utable to the high rejection rates for syphilis and for educational deficiency among Negroes.

*Leading Causes of Rejection in Teen Age.*—Figure 1 shows, by the lengths of horizontal bars, the relative importance of the ten leading causes of rejection among white and among Negro eighteen- and nineteen-year-old registrants. Later sections of this paper will discuss each of these defect groups in detail.

The most striking difference between the two racial groups concerns the high rate of rejections among Negroes for educational deficiency and for syphilis. Educational deficiency accounted for 121.7 rejections per 1,000 Negro youths examined or for 26.7 per cent for all Negro rejections. Syphilis accounted for 112.0 rejections per 1,000 or for 24.6 of all Negro rejections. The two conditions together accounted for slightly more than half of all rejections of Negro youths. Eye defects and mental disease, the leading causes of rejection among white youths, ranked seventh and fourth, respectively, among Negro youths.

Other defects appear on each of the two lists of ten leading causes of rejection but with differences among whites and Negroes. Thus, musculoskeletal defects are in third place among white youths and in fifth place among Negroes, and cardiovascular defects are fourth in importance among whites and third among Negroes. Ear defects and underweight appear on the list of ten leading causes of rejection among whites but are not important as causes of rejection among Negroes. Conversely, syphilis and tuberculosis, listed among the first ten causes of rejection

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tion for Negroes, are lower in order of importance among whites.

Similar lists are obtained by ranking the ten leading causes of rejection among registrants twenty years of age and older, as shown on DSS Forms 221 representing examinations made in the same period. Tuberculosis stands in ninth place and syphilis in tenth among whites twenty years of age and older, displacing underweight and mental deficiency. Among Negroes, tuberculosis is in ninth place and mental deficiency in tenth, reversing their order in the eighteen- to nineteen-year age group. Among older Negroes, syphilis is the leading cause of rejection, accounting for 28.7 per cent of all rejections. The other differences in rank of causes of rejection between the two age groups of each race are of minor importance.

*Current Rejections in Wartime Selection as Revealed by Statistical Survey on DSS Forms 221.*—Since the attack on Pearl Harbor a wartime basis for selection has obtained. The urgency of need, the numerical objective, the standards for admission and the examining procedures, all have changed materially. A program of selection for war service has developed. Selection has been extended to cover all branches of fighting forces. Enlistment no longer exists. Inductions are channeled through Selective Service. The present picture (as of April and May, 1943) varies materially from that of earlier peacetime selection.

Mental disease is now the leading cause of rejection among all registrants due to its predominance among whites. Educational deficiency ranks second because of its great predominance among Negroes and its relative frequency among whites. Musculoskeletal defects outnumber eye and visual disorders because of the lowering of visual requirements and in numbers inducted for limited service. Cardiovascular disease and hernia take fifth and sixth places; ear and neurological come next, both accounting for 5.1 per cent of the rejections; syphilis is ninth with 4.4 per cent; weight deviation tenth.

Among whites, eye defects were third in order of importance, ranking below mental diseases and musculoskeletal defects. Among Negroes, educational deficiency accounted for 27 per cent of the rejections; syphilis for more than 15 per cent and mental disease for 9 per cent; these three factors

alone being responsible for more than 50 per cent of the total rejections.

### VITAL STATISTICS

*National Mortality and Morbidity.*—The morbidity statistics reveal a good state of national health. The mortality is low and morbidity also, although this is somewhat above the level of 1942. It would appear that, despite the nation's depletion in medical men, the health of the nation continues satisfactory. The total death rate for the United States is 10.5 per 1,000—10.1 for white and 13.7 for Negro.

*The Health of the Armed Forces.*—The Army and Navy statistical reports indicate excellent health conditions in the camps throughout the country. These statistics deal mostly with the incidence of infectious diseases. Aside from battle casualties, deaths are infrequent and mortality uncommonly low.

In interpreting such statistics insight is necessary. Thus, for the first two years of the war, venereal disease among soldiers was at an all-time low, but during that period, no men with known venereal disease were inducted. The incidence in the armed forces was low, while the rejection rate was high. In fact, it has been plain that the contraction of venereal disease was one of the common methods of evading induction. During the last few months, registrants with venereal diseases have been inducted in increasing numbers. With the change in this policy, the venereal role is increasing *pari passu* with venereal admissions.

For the visualization of national morbidity the following statistics are pertinent:

1. Medical Statistical Bulletin No. 1.
2. Medical Statistical Bulletin No. 2.
3. The effect of age on rate of rejection.
4. Causes of rejection and incidence of defects among eighteen- and nineteen-year-old registrants.
5. Present rates of rejection as shown on Forms 221 for April and May, 1943.
6. Statement on mortality statistics.
7. Health of the fighting forces (any).
8. Rate of discharge for the army, as revealed by C.D.D.'s.
9. Rejectee pool of 4-F's.

### DISCHARGE ON CERTIFICATE OF DISABILITY

The discharges from the armed forces due to disability now number 162,370 through April,

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1943. As the fighting forces increased by leaps and bounds nationally, the number of separations also are increasing rapidly. Thus, of the 162,370

The finding of most interest is not the total number discharged but the cause of discharge. Thus, we have 49,000 of 111,000 with specific

TABLE V. ESTIMATED PRINCIPAL CAUSES FOR REJECTION OF REGISTRANTS 18-44  
YEARS OF AGE IN CLASS IV-F.  
As of April 30, 1943.  
(preliminary)

Principal cause for rejection	Number	Per cent	Principal cause for rejection	Number	Per cent
Total	2,870,000	100.0			
Manifestly disqualifying defects	301,400	10.5	Teeth	34,400	1.2
Educational deficiency	287,000	10.0	Abdominal viscera	31,600	1.1
Physical and Mental defects	2,270,100	79.1	Feet	31,600	1.1
Mental disease	398,900	13.9	Kidney and urinary	28,700	1.0
Syphilis	301,400	10.5	Genitalia	28,700	1.0
Musculoskeletal	209,500	7.3	Endocrine	28,700	1.0
Cardiovascular	183,700	6.4	Varicose veins	25,800	.9
Hernia	169,300	5.9	Nose	17,200	.6
Eyes	157,800	5.5	Skin	17,200	.6
Neurological	157,800	5.5	Neoplasms	17,200	.6
Ears	109,100	3.8	Gonorrhea and other venereal	14,300	.5
Mental deficiency	100,500	3.5	Hemorrhoids	11,500	.4
Tuberculosis	74,600	2.6	Mouth and gums	8,600	.3
Underweight, overweight, and other	57,400	2.0	Throat	2,900	.1
Lungs	45,900	1.6	Blood and blood forming	2,900	.1
			Infectious and parasitic	2,900	.1
			Non-medical	11,500	.4

disability discharges reported through April, 13,761 were reported for January; 15,750 for February; 18,681 for March; and 20,370 for April.

While The Adjutant General's Office records do not show a breakdown of the disability discharges due to cause of disability, it is possible to estimate the number for various causes by use of a sample analysis made by the Re-employment Division of the Selective Service System. It was found that over half of the disability discharges could be attributed to one of the following causes: Psychoneurosis, ulcers, asthma, heart, arthritis, and bones and joints.

On the basis of the sample analysis of 4,714 cases, it may be estimated that the 162,370 disability discharges through April, 1943, may be distributed by cause, roughly, as follows:

Psychoneurosis	32,000
Ulcers	17,000
Asthma	11,000
Heart	10,000
Arthritis	9,000
Bones and joints	8,000
Ears	6,000
Epilepsy	4,000
Eyes	4,000
Hypertension	4,000
Tuberculosis	3,000
Amputations and injuries	2,000
Diabetes	1,000
Hernia	1,000
Undiagnosed	15,000
Miscellaneous	35,000

While the actual numbers appear quite large, relatively they are small, roughly 160,000 out of some 8,000,000 men inducted, or approximately 2 per cent.

diagnoses discharged for psychoneurosis and ulcer, the latter representing largely psychosomatic disease. At least 50 per cent of the 29,000 discharged for asthma, heart disease, and arthritis are psychosomatic in origin. It is safe, perhaps, to say that at least 50 per cent of those diagnosed are for mental and functional disease.

*The IV-F Pool of Rejectees.*—Interest centers naturally in the pool of rejectees. This has now attained large proportions, approximately 350,000 registrants. The breakdown as of five months concerns nearly 3,000,000 and appears in Table V.

This shows mental disease in first place, 13.9, with educational deficiency and syphilis in second and third positions. Syphilis is high in this list despite the fact that limited numbers of these cases were being inducted and treated within the ranks of the military establishment. Mental disease, educational deficiency, neurological disorders, and mental deficiency account for approximately one million, or about one-third of the total number classified as IV-F.

## Discussion

A study of these data permits some generalization concerning their reliability and significance and to some extent, the geographic distribution of defects, deficiencies, disorders and diseases as they exist at present throughout the nation.

1. *A national picture of health and disease is emerging.*—While the statistics deal entirely with males of military age, they give, at least some inkling of the health picture of the population as a whole. The picture will become more definite, however, when the statistics for women, the WAC, WAVES, SPARS, Marines, et cetera, are made public. Sufficient data are now available, however, to map the mental and physical defects of the nation with a fair degree of precision.

2. *A state breakdown is highly desirable but present data are less reliable for such purpose.*—Additional verification and confirmation are desirable, prior to utilizing a state breakdown of our data for the contrasting of health conditions in various states. Rates of discharges from the armed forces on C.D.D.'s must be studied in relation to rejection rates, before true significance is established.

3. *Certain rough groupings of defects may be attempted at the present time on the basis of these statistics.*—(a) There appears to be a "health belt" in the west, centering around the State of Colorado. Thus, Wyoming, Utah, North Dakota, Kansas, Idaho and Arizona usually have among the lowest rates for rejection. In the various surveys made at various times, certain of these states are shown to be in or out of this "health belt." A somewhat similar belt was noted during the last war.

(b) A "health defect belt" is indicated in the southeast. Rejection rates are relatively high in some of the Southeastern States: Mississippi, Arkansas, Alabama, North Carolina, South Carolina, and Florida. In these areas the ratio of Negroes is higher and this plays an important role in increasing the rejection rates.

4. *Four causes of rejection are worthy of special consideration.*—(a) Nervous, mental and functional diseases. These are numerous everywhere but tend to center among white registrants. (b) Educational deficiency and illiteracy. Though widely scattered, they tend to center in the Negro and in the South. (c) Venereal diseases. These are relatively infrequent in the Northern States. Venereal disease is concentrated among the Negroes in the South. (d) Dental defects. These are rife everywhere but abound most profusely in industrial centers, especially in the North and East.

These four problems, while of vast importance from the standpoint of military selection, are also of national significance from the standpoint of the civilian health. From both the military and civilian point of view the great tragedy in the situation as it exists, is that most of the defects in these categories are both preventable and curable. From the national point of view they therefore present a challenge in war and in peace to all interested in better public health.

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## The Neglected Interns

By Luther R. Leader, M.D.  
Detroit, Michigan



Northwestern University Medical School, M.D. 1927; Fellow American College of Surgeons; Academy of Surgery of Detroit (Secretary-Treasurer); Assistant Professor Gross Anatomy—Wayne University; Assistant Professor Gross Anatomy—University of Detroit School of Dentistry (in charge); Instructor Surgery—Wayne University Medical School; Assistant Surgeon, Harper Hospital; Visiting Surgeon—Jennings and Cottage Hospitals.

The accelerated program of internships has lessened to a considerable degree the amount of training they receive. The shortening of their training period, plus the laxness of the attending men to devote time to teaching, has resulted in turning out poorly trained men due entirely to neglect. Numerous suggestions and methods of overcoming this are discussed, with the hope of the attending men fulfilling their obligations.

■ All members of the medical profession are well aware of the increased duties being thrust upon them by the absence of their numerous colleagues who are now serving in the armed forces; but the failure to realize the effect thrust upon the intern for the same reason appears to have gone unrecognized. We are expected to assume many additional duties and with few exceptions have fully done so, but likewise, we are not expected to shirk any duties which we in the past have considered most important to the practice and maintenance of good medicine. I speak in respect to intern training. We are duty-bound to train the younger men and because of the adoption of the "999" Plan we should be all the more conscious of the fact, and endeavor to do our

utmost for the younger men whose intern training has been cut to nine months, instead of twelve.

Members of most hospital staffs expect much of their interns, and with reason, for they are usually dealing with capable, intelligent young men who are eager to make the most of their opportunities during the all-important year of internship. And, conversely, the intern expects much from his chief.

The usual, and often perfunctory word of advice on ward rounds, in the operating room, in the clinic, or in the dispensary is not enough. A carefully-organized and comprehensive teaching plan is essential. The desire to impart helpful instruction should mark the members of the major staff, aware as they are of the fact that the fifth year is also a year of instruction—a practical continuation of the four years in medical school. They should appreciate therefore that a very real responsibility rests upon them to make sure that a carefully-planned, very comprehensive, and generally helpful program of laboratory, operating room, and bedside instruction is planned and carried out.

The intern should be encouraged to present before suitable meetings, either abstracts of case histories or abstracts which are taken from significant current literature. The intern should be instructed to select a major subject in which he is particularly interested, concerning which he should seek helpful suggestions, with the idea of making it a special problem of study. To this subject the intern should devote the greater part of his spare time, having as his object the presentation of a carefully-prepared essay, one which is suitable for publication. Interns fail in these matters in proportion, as their chiefs fail in providing proper opportunity and encouragement.

One of our most important functions is that of providing our interns with as interesting and valuable service as is humanly possible.

#### **Practical Assistance**

The members of our staffs should unanimously agree that no part of their professional work gives them greater pleasure than the opportunity to help the younger men, and that nothing affords them greater satisfaction than the chance to be of practical assistance to the interns at a time when a little well-directed guidance may serve to deflect them from the pathway of the routine worker into a career of great scientific productivity and professional success.

Many a brilliant career began in the hospital during the intern period, largely the result of the friendly guidance of an older man. Many a potentially capable and productive man has found himself drifting into a life of hopeless mediocrity, due chiefly to the lack of proper help and direction at the period of his career when they were most needed. Many a great figure in our profession accredits the beginning of his way upward to the hospital internship when, as a young man, he came under the guidance of a strong personality.

Too often, hospital staff members are so far removed from their own student days that they fail to recall the intern's problems, or they are so deeply concerned with their own personal affairs that they lose true perspective of the problems which face the intern.

Even those hospital executives who feel that they are giving the intern every assistance would be surprised could they read the thoughts of the average intern. Here frank discussion of the service and helpful criticisms and constructive suggestions are solicited. I believe that if this practice were followed, the intern's service would be improved, the service to both the hospital and patient would be raised to a higher level, and the aid rendered to the chiefs themselves would be more efficient.

#### **Intern Responsibilities**

The interns are of the opinion that their work is not checked sufficiently; that they are given responsibilities which they are incapable of assuming without proper guidance; that there is not enough time spent on bedside instruction. They complain that while they are often informed that they are wrong, they are rarely told why; that the rationale of diagnosis and treatment is not explained, and that they are in the hospital not only to serve but also to learn, and that learning comes very largely through teaching. It is a common complaint among interns that when they are right and are performing especially meritorious work, they are seldom commended.

Interns confess to having a constant desire for more explanation on the part of the clinician and less routine; they feel that the operations are hurried through, while at the end of the retractor, the interns hunger for demonstration of what is being done and why, so that the time which they spend in assisting will be profitable. They

feel that they should have more instruction in the conduct of pelvic examinations, in carrying out minor surgical procedures, in the handling of fractures, and in the performance of minor dispensary operations. They feel that they should be given a greater opportunity for presenting case reports and other papers; followed by constructive criticism and analysis on the part of their more experienced listeners.

#### Programs of Instruction

Frequently interns remark that during the intern year there is no definite program of instruction; that as a result they become nothing but history writers, drudges tolerated as a necessary evil, mere clerks or dressers; that the chiefs should realize that an ambitious and capable intern who tries to get along as best he can, could be helped tremendously by skilled and sympathetic guidance. They ask for greater opportunities to take part in staff conferences; for closer contacts with the staff members, socially as well as professionally.

One prominent defect in our present system of hospital training of interns is allied with that phase which tends to encourage immediate specialization; a system which sends young men into restricted fields before they have had sufficient experience with the fundamental branches of medicine. Fortunate is the intern who secures one or two years of general rotating service, covering the major branches of medicine, especially pathology. In this way he receives a bird's eye view of the entire science before he takes up an intensive course of study in one of the specialties. If he has had such an opportunity, at the outset his viewpoint is greatly broadened, and early in his career he develops a wholesome taste for research and investigation. Every intern should be given an opportunity at the earliest moment to think logically and to correlate practically his applied knowledge, a result which would be assured by a close intellectual fellowship between the senior staff members and their interns.

Hospital executives fall far short of the fulfillment of a clearly-defined obligation if they fail to make every effort to facilitate and to improve the work of the younger men who are placed under their direction. Furthermore, it seems to be the duty of the professional staff to be constantly on the alert to discover the superior men in the group, and to furnish them with opportunities to

perfect themselves in the fields for which they show aptitude.

These, then, are some of the things we as hospital executives, administrators, trustees, and staff members should constantly bear in mind in our hospital relationship during the young doctor's internship.

MSMS

## Analysis of Deaths Occurring in Michigan from Pneumonia (All Forms)

By A. B. Mitchell, M.D., M.P.H.

Lansing, Michigan



A.B., University of Indiana, 1919; M. D., University of Minnesota Medical School, 1922; M. P. H., Harvard University, School of Public Health, 1936; General practice of medicine, 1924-1930; County Health Officer, Allegan County, 1931-1936; Staff member, Michigan Department of Health, Lansing, Michigan, since 1936. Member of Ingham County Medical Society, Michigan State Medical Society, and American Public Health Association.

A reclassification of deaths attributed to pneumonia occurring in the age group 5-49 years was made during the winter of 1941-1942. The reclassification was based on confidential information not appearing on the death certificates but obtained directly from the physicians or coroners who reported the deaths. On the basis of this more complete information, a considerable error is found in the reporting of deaths as pneumonia. This error is attributable to incomplete or improperly recorded data on the death certificates.

■ As part of the pneumonia program of the Michigan Department of Health, a study was made of deaths recorded as resulting from pneumonia during the period November 1, 1941, to April 30, 1942, in the age group five to forty-nine years. The purpose of this study was to determine what factors other than pneumonia contributed to the pneumonia mortality, and the relative importance of these factors and the pneumonia to the ultimate outcome. The study was sponsored by the Michigan State Medical Society and carried out with the coöperation of physicians of the state reporting deaths in this age group.

Two hundred sixty-two deaths in the age group five to forty-nine years were classified as pneu-

# PNEUMONIA—MITCHELL

TABLE I. RECLASSIFICATION OF PNEUMONIA DEATHS (PNEUMONIA—ALL FORMS)  
On Basis of Additional Information Received from Physicians in Charge of Case

Classification	Deaths	Per Cent of Total
Overwhelming pneumonia	77	34.5
Secondary pneumonia	59	26.5
Terminal pneumonia	35	15.7
Not pneumonia	17	7.6
Cause of death unknown	8	3.6
Incomplete information	27	12.1
Total	223	100.0

monia deaths by the Bureau of Records and Statistics during the period studied. This classification was made from information appearing on the death certificates, according to the established procedure outlined in the Manual of the International List of Causes of Death and Joint Causes of Death. For each such death reported, the physician who signed the death certificate was requested to submit a confidential clinical report giving all data pertinent to the case. In many instances further information was obtained by personally visiting the physician or reviewing the hospital record of the patient.

In all, 223 deaths were reviewed and reclassified on the basis of all available information into the following six categories:

*Overwhelming pneumonia*—those cases in which the pneumonia appeared to be primarily responsible for the outcome.

*Secondary pneumonia*—those cases in which the pneumonia appeared as a complication of some other chronic debilitating condition or severe acute illness.

*Terminal pneumonia*—those cases in which the pneumonia was a purely terminal phenomenon occurring in the course of some other more serious illness.

*Not pneumonia*—those cases in which there was no evidence to support a diagnosis of pneumonia.

*Cause of death unknown*—those cases in which the cause of death was never established.

*Incomplete information*—those cases for which insufficient information was available to justify classification under any of the above headings.

Table I shows the breakdown of the 223 deaths classified according to the above outline. Seventy-seven, or 34.5 per cent of these deaths, were due primarily or wholly to the pneumonia. Another fifty-nine deaths, or 26.5 per cent of the total, were secondary pneumonias complicating other serious or prolonged illnesses. In this group are included seventeen chronic alcoholics, for the most part alcoholics with delirium tremens. Pneumonias in chronic alcoholics have been included here because alcoholism is itself a serious chronic debilitating condition and a predisposing factor to pneumonia and other intercurrent infections. With some of these cases, I believe it would have been perfectly proper to have considered the alcoholism as the cause of death, and the pneumonia a terminal pneumonia.

Thirty-five deaths, or 15.7 per cent of the total, were due primarily to some condition other than the pneumonia, the pneumonia appearing as a purely terminal phenomenon. In several instances the pneumonia was not diagnosed clinically but found at autopsy. None of these deaths should have been attributed to the pneumonia. There are two apparent reasons for their having been so classified. In many instances the physician neglected to designate the pneumonia as terminal on the death certificate. In others the terms terminal lobar and terminal bronchopneumonia were used, which are classified in the International List of Causes of Death as lobar and bronchopneumonia, respectively. This classification gave them precedence over the true cause of death. Only the term "terminal pneumonia" without other pathological designation, is acceptable for terminal pneumonias.

Seventeen deaths, or 7.6 per cent of the total, were definitely not pneumonia deaths. Most of these appear here because at the time the death certificates were made out the diagnosis had not been definitely established, and no subsequent corrections were made.\* Four of the seventeen deaths were reported as virus pneumonias for

\*Alterations of death certificates can be made only on written request of the one who signed the certificate.

# PNEUMONIA—MITCHELL

TABLE II. CONDITIONS ASSOCIATED WITH DEATHS  
Classified from the Death Certificates as  
due to Pneumonia

Associated Conditions	Number of Times Recorded	Per Cent of Total Cases
Mental	30	17.5
Heart and coronary disease	26	15.2
Chronic alcoholism	17	9.9
Purulent infections	7	4.1
Cripple	5	2.9
Operation	2	1.2
Other serious illness	30	17.5
None	66	38.6
Total	183 (171 cases)	—

which there is at present no satisfactory classification. Most of the remaining deaths were deaths from influenza with pulmonary complications, a separate classification, no mention of influenza having been made on the death certificate.

The cause of death was never established in eight cases, either before or after death. Two of these were coroners' cases, the diagnosis being based on information obtained from relatives.

Sufficient information for satisfactory classification was not obtainable for twenty-seven cases. Among these are most of the coroners' cases in which the diagnoses were based on incomplete autopsies. There was a total of twenty-eight coroners' cases in the series.

Table II lists the conditions associated with pneumonia in the 171 deaths classified as overwhelming, secondary, and terminal pneumonias. Mental conditions of sufficient degree to affect the outcome were recorded in thirty cases, or 17.5 per cent of the total number of cases. In fourteen of these the pneumonia was classified as secondary and in sixteen as terminal pneumonia. Pre-existing heart and coronary diseases were recorded as associated conditions in twenty-six cases, or 15.2 per cent. In eighteen of these the pneumonia was classified as secondary, in six terminal, and in two overwhelming pneumonia. In the latter two cases, the physicians did not feel that the heart conditions materially influenced the outcome. There were seventeen cases suffering from chronic alcoholism. In all of these, the pneumonia, as previously stated, was classified as a secondary pneumonia.

Purulent infections were the cause of death in

seven cases, the pneumonia being a purely terminal phenomenon. In several of these cases the pneumonia was found only at autopsy. Crippling conditions of such a nature as would predispose one to pneumonia were recorded in five cases. In three of these, the pneumonia was classified as an overwhelming pneumonia and in the other two as a secondary pneumonia.

Other illnesses of one kind or another were recorded as associated conditions in thirty cases. In eight of these the other illness was considered the determining factor rather than the pneumonia and the pneumonia classified as terminal. In fifteen cases the pneumonia was classified as a secondary pneumonia and in seven it was felt that the pneumonia itself was the deciding factor and the pneumonia classified as an overwhelming pneumonia.

## Conclusions

A study of joint causes has been made of 223 of the 262 deaths from pneumonia occurring in Michigan during the period November 1, 1941, to April 30, 1942, in the age group five to forty-nine years.

Pneumonia either as an overwhelming infection or secondary to some other serious illness was responsible for only 61 per cent of the deaths recorded in this age group as pneumonia.

Twenty-six and nine-tenths per cent of the deaths recorded as pneumonia would not have been so classified had the causes of death been properly stated on the death certificates.

The only factor other than incomplete or improperly completed death certificates brought out in this study is that of other preëxisting serious disease, the principal ones being mental disease, heart and coronary diseases and chronic alcoholism.

MSMS

Although these men were fully aware of the danger of contracting scrub typhus, they voluntarily applied themselves to the task of preparing camp sites in order to bring about the rapid and complete control of this disease on Goodenough Island. Their services were rendered during the periods of December 27, 1943 to February 7, 1944, and March 13-22, 1944.—U. S. Army report.

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## EDITORIAL

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### 1944 POSTGRADUATE CONFERENCE ON WAR MEDICINE

■ THE Seventy-ninth Annual Session of the Michigan State Medical Society which will convene in Grand Rapids, September 27, 28 and 29, will be the fourth War Conference. It will be the equal of all previous ones, and we believe will be better than any that have gone before.

The program is published in this number of THE JOURNAL. Committee reports, and all material available for the meetings of the House of Delegates and the Council, have been presented. The Council and the House of Delegates will have been in session a day or two before the General Meetings, and will have disposed of the vast amount of business that makes up the administration of a great medical society.

The Discussion Conferences with the guest essayists in attendance which were such a success the past three years are again a feature, each day at 4:00 to 5:00 p.m. This is your opportunity to discuss with an expert the problems that are puzzling you.

Your busy practice has been your lifesaving blessing during these trying times and has provided an outlet that has been a boon to your patients, but you owe it to them and to yourself to attend this Conference. You will bring back far more than just a restful recuperation—you will come home inspired to carry on.

It is not too late to plan on attending this meeting. Make hotel reservations NOW.

### ANDREW P. BIDDLE

■ Andrew P. Biddle, M.D., is dead. Everybody knew Andrew Biddle. He was a medical institution in Michigan. Trained for the Navy, he was a strict disciplinarian, not only of his followers and associates, but of himself. Doctor Biddle was a Major in the Spanish war, and diagnosed the typhoid epidemic which was the great scourge of that war.

In 1902 Doctor Biddle was of that group of far-seeing men who re-organized the Michigan State Medical Society and established this JOUR-

NAL. He was the first secretary and the first editor of one of the earliest state medical journals. So well did he discharge his new and unprecedented duties that he became the most beloved leader of his profession.

He served as secretary-editor only four years, during the last two of which the present editor was a student in his office. He was President of the Michigan State Medical Society at the outbreak of the first World War, and was re-elected to succeed himself, the only case in our history.

He has always been keenly interested in Postgraduate Medical Education.

We who loved him and those who knew and admired him will profoundly miss him.

WILFRID HAUGHEY

### THE SERVICEMEN'S READJUSTMENT ACT OF 1944

■ THE "G.I. Bill of Rights" became law on June 22, 1944, as U. S. Public Law 346, and every doctor in the country is interested. Benefits available to servicemen are manifold.

Title I deals generally with hospitalization, claims and procedures, aid by veterans' organizations, and the review of discharges or dismissals from the armed forces. It provides an appropriation of \$500,000,000 for construction of new hospital facilities for veterans as well as providing for existing hospitals; it also provides for the transfer of commissioned or other personnel from the armed forces to the Veterans' Administration for periods not exceeding six months after the termination of the war; and it provides adequate training in the use of prosthetic appliances. Hospitalization of the veteran is pretty well attended to. We are unable to find any time limitation for the expiration of the rights to hospitalization, except for those who have been separated from the service for disability in which case the application shall be filed before fifteen years from the date of this act or the termination from the service whichever is later. There are several doctors in Michigan already eligible under this title of the Act.

Title II is of most importance. "Any person  
(Continued on Page 784)

## Medicine Fares Forward

The war has done a good many things to us as members of the Michigan State Medical Society. For one thing it has changed thousands of us, who used to be mere spectators, into participants in the social and economic life of this state. We have become conscious that we have no right to sit idly by and allow politicians to do our thinking for us.

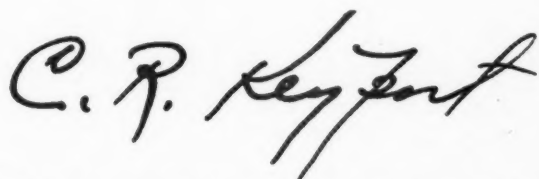
These are not ordinary times. To play our part and take advantage of such victory as we have attained, such headway as we have made, we shall have to alter our conception of our profession to include and stress the economic phase of medicine.

A vigorous program of attack is the only approach that has any chance of success over concerted action to bring about the stark reality of controlled medicine. Doctors should come of age in economics. It is to be hoped that this program will also include still more constructive steps in the long march toward a united front in meeting the common medical needs of this sovereign State of Michigan.

For a year, I have enjoyed the highest honor which the Michigan State Medical Society can bestow, the presidency of this organization. I have watched with great interest the growth of united solidarity in our profession. I have been deeply impressed by the willingness and sincerity of fellow workers who shouldered responsibility and gave me competent aid in the administration of this Society. I shall never cease to be profoundly grateful for the distinct values which have accrued to me through this generous and loyal association.

We should expect real achievement in the future. Andrew S. Brunk, M.D., succeeding me, will launch an especially progressive program for the coming year. Your continued alert support should greatly assist your president in his effort to continue an uncontrolled medicine. Dr. Brunk will be capable of handling the affairs of this Society during the crucial days ahead. He has the strength of his convictions, integrity and the courage to lead us to the ultimate fulfillment of the fundamental ideals incorporated in the principles of this Society.

As we look over this year's accomplishment, we can discern some trails being gradually blazed through the underbrush of crowded events. We see a recurring attempt to bring order out of confused planning, to substitute voluntary adjustment of medical need for resort to controlled medicine. Our watchword has been well expressed by the poet, T. S. Eliot, when, in a greeting to mariners, he said, "Not farewell, but fare forward, voyagers!"



*President, Michigan State Medical Society*



*President's*



*Page*



who served in the active military or naval service on or after September 16, 1940, and prior to the termination of the present war, with an honorable discharge, and whose education or training was impeded, delayed, interrupted, or interfered with, by reason of his entrance into the service, or who desires a refresher or retraining course, and who shall have served ninety days . . . shall be eligible for and entitled to receive education or training under this part." The application for training must be made within two years and the training must not extend over seven years after the termination of the war.

Under this title any doctor in the service may have a refresher or retraining course up to one year, and that could include any studies the doctor might pursue, just so they are medical studies. Any younger doctor whose training for a specialty, for instance, was interrupted by entrance into the armed forces, and he can establish this fact (which is presumed if he is not over twenty-five), can continue his studies for a period of one year plus additional period or periods of education or training, not to exceed the time such person was in the active service on and after September 16, 1940, and before the termination of the present war, exclusive of any period he was assigned for a course of education or training in his own line under army or navy specialized training; but in no event shall this training exceed four years.

This gives younger men a chance to take training up to a full medical course for one who has completed premedical training. Tuition, laboratory, health, infirmary, and other similar fees customarily charged up to \$500 per ordinary school year will be paid and it may include books, supplies, equipment, and other necessary expenses, exclusive of board, lodging, other living expenses and travel. Also allowed while pursuing this education is \$50 per month if without dependents or \$75 if he has dependents. There is an allowance of thirty days holidays or leave in any calendar year.

Title III provides for a loan 50 per cent of which is guaranteed by the Administrator, provided that the aggregate amount guaranteed shall not exceed \$2,000. This may be used to purchase, rebuild, or construct on property owned by the veteran, and to be used by him for a residence. A guarantee loan to the same amount and under similar terms "may be used for the purchase of

any business or personal property to be used by him in the bonafied pursuit of such gainful occupation." This could provide an office building and equipment, for any medical veteran. Under certain circumstances a second loan may be made up to \$2,000, all guaranteed. Applications for these loans must be made within two years after the termination of the war, or service, whichever is later, but not later than five years after the war.

### CONTINUING MEDICAL EDUCATION

■ THE die has been cast. The flow of premedical students has been stopped. As of July 1, 1944, all students not already enrolled in medical classes are subject to induction in the army, and will not be sent to premedical training, as had been proposed by the armed forces when they took over practically eighty per cent of the medical college facilities. That program was canceled last April. Protest was made; The House of Delegates of the American Medical Association adopted resolutions, but the Selective Service authorities decided these young men were of "more use to the armed forces now than their potential use as doctors of medicine in 1949."

This situation has been foreseen: In December, 1942,\* we asked editorially: "How will we recruit the ranks and keep an even number of new graduates flowing into the practice of medicine to replace losses by death and retirement, with the collegiate young men of eighteen to twenty being subject to the draft, and no exemptions provided for prospective medical students?"

For some years we think we have seen a tendency for bureaucracy to attempt to gain control over the field of medicine. Can this present stoppage of the training of doctors be another step? Our appeals for the deferment of premedical students have been denied, and at last the President has closed the case by refusing to interfere. Under the present law it seems impossible to defer premedical students, for the benefit of the health of the nation, and to correct this situation Congressman Louis E. Miller of Missouri (a doctor of medicine) introduced H.R. 5128 to provide that Selective Service shall defer not less than 6,000 medical students and 4,000 dental students each year.

If we remember correctly that action was not

\* (Jour. M.S.M.S. December, 1942, page 1064.)

necessary early in the war for General Hershey to advise the deferment of osteopaths, and later osteopathic students. If one can be deferred the other can, even under our present laws.

However, to correct a stoppage in medical education that has already been put into effect YOU, Doctor, must urge your congressmen to support H.R. 5128.

## HISTORY REPEATS

■ "SHOCKING Reports on Health in the U. S. Given to Senators." Such is the heading of an article sounding strangely familiar. A few years ago there was a sustained build-up leading to demands on the medical profession, and threats that the health of the people was poor, that 40 per cent were unable to get adequate medical care, and then a spew of bills and suggestions looking toward the taking over of medicine, ending in the first Wagner bill.

We all flew to defense; there was a special session of the A.M.A. House of Delegates; there was an attempt by government bureaus to enter the practice of medicine through co-operative medical service plans of a closed sort; then the indictment of the American Medical Association et al., and a Supreme Court decision which in effect takes away the right of an individual to choose his own doctor. The ground being thus prepared, the Murray-Wagner-Dingell bill emerged to what looked like clear sailing.

There were delays. The course of socializing of medicine was not so smooth. Legislative action slowed up. It is now time for another attack on medicine and here it is. The health of the youth of the country is rotten. Selective Service is finding one-third of the young people examined for the draft unfit for service. "*Medical experts are agreed that there is urgent necessity for concerted effort to use the information and experience of Selective Service to prepare a national program of Health.*"\*

The first mentioned and quoted of the "medical experts" before the sub-committee were Maj. Gen. Lewis B. Hershey, Director of Selective Service, who protested against "a situation in which the older men must be called to service by the fact that so many of the young men are physically or morally deficient." The second witness, Paul V. McNutt, WMC Chairman de-

plored the necessity of drafting pre-medical students but has done nothing about it.

Chairman Claude Pepper of the senate sub-committee said:

"As a nation at war, we have learned a profound lesson about the effects of sickness and physical and mental defects. This lesson has been driven home to us by the alarming fact that more than four million young men have been found ineligible for military service—a discovery which has removed any false complacency we have had about the nation's health."

Is it not a perfect setup for a further drive for national compulsory Health Service?

## THIS TIME A RAY OF UNDERSTANDING

■ A staff reporter for the *Detroit Free Press*, Arthur Juntunen, refutes the charge of unfitness for Michigan young men. Self-indulgence gets the blame. It is an indictment of the American people and of our way of life. The Editor of the *Free Press* has this to say, and he has ably written our editorial for us:

### ARE WE FLABBY?

Nothing is more vital to a nation than the health of its people. Therefore, the hearings now going on in Washington before the Senate Committee on Wartime Health and Education may be of tremendous importance. The hearings at least afford a sounding board for those in responsible positions to reveal what the physical and mental condition of our democracy may be.

Such men as Paul V. McNutt, WMC chairman; Maj. Gen. Lewis B. Hershey, director of Selective Service, and Army and Navy medical authorities have testified that the state of our national health is "appalling." It was agreed that one-third of the men examined for service proved mentally or physically unfit for fighting.

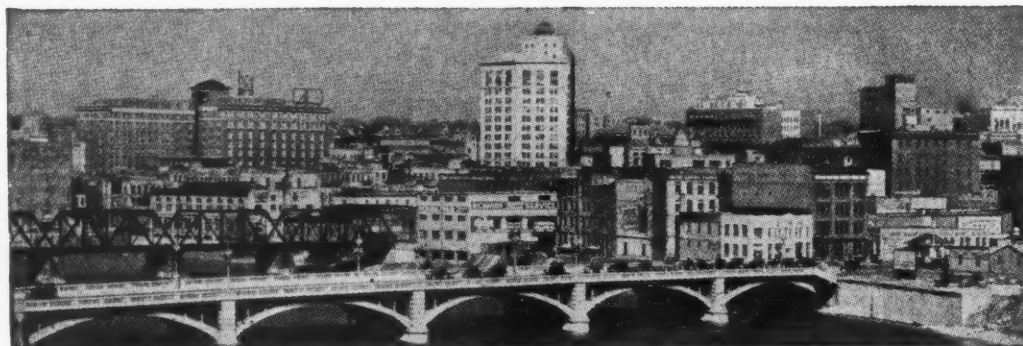
"We found American youth soft and flabby," declared Col. Leonard Rowntree, medical director of Selective Service.

The purpose of any hearing by a senate committee is to gather information for consideration of legislation. We are not in position to know what health legislation Senator Claude Pepper and his committee have in mind.

The testimony thus far given is startling and should bring forth an immediate and nationwide response. But it is not conclusive because it offers no comparisons. In the first World War we were horrified to learn from

(Continued on Page 814)

\*Reports of Pepper sub-committee hearings.



GRAND RAPIDS SKYLINE

### GRAND RAPIDS, CONVENTION CITY

■ You'll like Grand Rapids because it has just everything for your pleasure, your comfort, your health and your profit. Whatever your interests, Grand Rapids affords fullest advantages. Here are all forms of recreation, large volume business, central location and convenient transportation facilities in every direction.

Founded as an Indian trading post by "Uncle" Louis Campau in 1826, Grand Rapids has grown steadily in population, in industrial and commercial importance and cultural significance.

Scenic hills, quiet streams, shaded streets form the jeweled setting in which live a happy, energetic, prosperous people. Rich in natural resources, Grand Rapids is also possessed of a superb climate, where cool breezes soothe and invigorate the heat-weary, out-state visitor in summer. Winters are moderate and stimulating.

With a contiguous area exceeding 250,000 population and a wholesale trading area of 1,552,646, Grand Rapids is truly metropolitan in all respects, with major facilities of commerce, industry, government, schools, churches, hospitals, public utilities, city transit, intercity transport, highways, airways, parks, amusement centers and residential areas.

Second city of the nation's leading industrial state, Grand Rapids is but 85 miles from the Indiana state line, 170 miles from Chicago, 150 miles from Canada at Detroit, 30 miles from Lake Michigan. Four major railroads, 21 common motor carriers and 20 airplane passenger transport flights a day in all directions in peacetime assure quick connections with major markets.

Any of the 250 lakes and trout streams for fishing, boating and rest can be reached with-

in an hour from Grand Rapids. Ten minutes drive will take you to one or more of eleven sporty golf courses, where hospitality is the basic rule. Bathing beaches and pools, tennis and



BUTTERWORTH HOSPITAL

badminton courts, skating rinks and dance pavilions, theaters, baseball parks and recreation centers afford superb amusement.

Grand Rapids is constant and even-keeled economically. Employment is stable. Coöperation is the keynote of industrial relations. Hydro-electric power, natural gas and Lake Michigan filtered water, furnish low-cost utilities. An efficient commission-manager municipal government rules. A charter provision limits taxation. Health and education standards are high. Churches flourish.

Ample, air-conditioned convention facilities, hotels, auditoriums and exposition halls, restaurants and refreshment establishments attract scores of conventioning groups, recalling them year after year.

Grand Rapids normally boasts an unusual diversification of industry and with practically all of her plants engaged in war production and greatly expanded, this diversification has been greatly augmented.

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# THE 79TH ANNUAL SESSION

➤ 1944 POSTGRADUATE CONFERENCE ON WAR MEDICINE ◀➤  
**GRAND RAPIDS**

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V. M. MOORE, M.D.  
Grand Rapids  
*Chairman of Council*



C. R. KEYPORT, M.D.  
Grayling  
*President*



P. L. LEDWIDGE, M.D.  
Detroit  
*Speaker, House of Delegates*

## OFFICIAL CALL

The Michigan State Medical Society will convene in Annual Session in Grand Rapids, Michigan, on September 25, 26, 27, 28, and 29, 1944. The provisions of the Constitution and By-laws and the Official Program will govern the deliberations.

C. R. KEYPORT, M.D.  
*President*

V. M. MOORE, M.D.  
*Council Chairman*

P. L. LEDWIDGE, M.D.  
*Speaker*

E. A. OAKES, M.D.  
*Vice Speaker*

Attest:

L. FERNALD FOSTER, M.D.  
*Secretary*



L. FERNALD FOSTER, M.D.  
Bay City  
*Secretary*



A. S. BRUNK, M.D.  
Detroit  
*President-Elect*



W. A. HYLAND, M.D.  
Grand Rapids  
*Treasurer*

## ANNUAL SESSION INFORMATION

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General Assemblies, Black and Silver Ballroom,  
Civic Auditorium  
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Publicity, Press Room, Room A..Civic Auditorium  
Telephone: 9-6266  
MSMS Hospitality Booth, Exhibit Floor  
Civic Auditorium  
Woman's Auxiliary, Headquarters and Registra-  
tion.....Pantlind Hotel

\* \* \*

### MEETING ROOM DIRECTORY

#### Pantlind Hotel

Ballroom—West of lobby—up grand staircase  
Grill Room—Northwest corner (next to the Pub)  
Schubert Room—Southwest corner of hotel. Use cor-  
ridor from lobby.  
Michigan Room—Mezzanine floor, behind elevator.  
Mezzanine Lounge—Mezzanine floor, directly east of  
elevators.  
Amber Suite—Second floor, left of elevators.  
Parlor A-B—Mezzanine floor, directly east of elevators.

#### Civic Auditorium

Black and Silver Ballroom—West side of building  
(through exhibits)  
Rooms B-C-D—East side of building, to right of en-  
trance  
Room F—South of Black and Silver Ballroom, off  
lobby (through exhibits)  
Room G—Above Room F (through exhibits)  
Red Room—Southwest corner, second floor, next to  
Room F (through exhibits)

\* \* \*

**Register—Exhibit Floor, Civic Auditorium, Grand Rapids—as soon as you arrive.**

Hours of Registration daily 8:30 a.m. to 5:30 p.m. on Tuesday, Wednesday and Thursday, September 26-27-28, and from 8:30 a.m. to 2:30 p.m. on Friday, September 29.

**Admission by badge only**, to all scientific assemblies and section meetings. Monitor at entrance.

**BRING YOUR MSMS OR AMA MEMBERSHIP CARD TO EXPEDITE REGISTRATION.**

No registration fee to members of the Michigan State Medical Society.

\* \* \*

Michigan Physicians, not members, if listed in the American Medical Directory, may register as guests upon payment of \$5.00. This amount will be credited to them as dues in the Michigan State Medical Society FOR THE BALANCE OF 1944 ONLY, provided, they subsequently are accepted as members by their County Medical Society.

\* \* \*

Wm. A. Hyland, M.D., Metz Building, Grand Rapids, is General Chairman of the G. R. Committee on Arrangements for the 1944 MSMS Annual Session.

\* \* \*

**THE 118 EXHIBITS WILL REMAIN OPEN FOR YOUR INSPECTION UNTIL 6:00 P.M. ON WEDNESDAY AND THURSDAY; AND UNTIL 2:00 P.M. ON FRIDAY**

### PAPERS WILL BEGIN AND END ON TIME

Believing there is nothing which makes a scientific meeting more attractive than by-the-clock promptness and regularity, all meetings will open exactly on time, all speakers will be required to begin their papers exactly on time, and to close exactly on time, in accordance with the schedule in the program. All who attend the meeting, therefore, are requested to assist in attaining this end by noting the schedule carefully and being in attendance accordingly. Any member who arrives five minutes late to hear any particular paper will miss exactly five minutes of that paper!

**"Ubiquitous Hosts"**—Doctors of Medicine who place themselves generally at the disposal of the 28 guest essayists who are on the Program of the MSMS Postgraduate Conference on War Medicine, have been selected for the 79th Annual Session in Grand Rapids. These physicians, who will demonstrate what Michigan hospitality means, include Wm. A. Hyland, M.D., B. R. Corbus, M.D., J. W. Logie, M.D., Marshall O. Alexander, M.D., Merrill Wells, M.D., A.B. Thompson, Jr., M.D., Frank Doran, M.D., L. W. Faust, M.D., R. G. Laird, M.D., Paul Willits, M.D., Willis Dixon, M.D., John T. Hodgen, M.D., William Vis, M.D., Robert H. Denham, M.D., J. B. Whinery, M.D., Fred P. Currier, M.D., L. J. Schermerhorn, M.D., Norman S. Vann, M.D., Lynn Ferguson, M.D., L. C. Bosch, M.D., Clarence H. Snyder, M.D., A. Ray Hufford, M.D., all of Grand Rapids, and Ray S. Morrish, M.D., of Flint.

Sincere thanks are extended these hosts for their tangible help in making the MSMS Annual Session an outstanding success.

\* \* \*

**Guests**—Members of the American Medical Association from any state, or from a province of Canada, and physicians of the Army, Navy and U. S. Public Health Service are invited to attend, as guests. No registration fee. Please present credentials at Registration Desk.

Bona fide doctors of medicine serving as interns, residents, or who are associate or probationary members of county medical societies, if vouched for by an MSMS Councilor or the president or secretary of the county medical society, will be registered as guests. Please present credentials at Registration Desk.

\* \* \*

**Telephone Service**—Local and Long Distance telephones will be available at entrance to Black and Silver Ballroom in the Civic Auditorium, as well as in the Pantlind Hotel.

In case of emergency, doctors will be paged from the meetings by announcement on the screen.

During meetings call 9-1813, 9-1983, 9-1313.

At other hours, call the Pantlind Hotel, 9-7201, or the Registration Desk in the Exhibit Hall, Civic Auditorium, 9-1145 or 9-1977.

\* \* \*

**Checkrooms** are available in the Pantlind Hotel, and in the lobby of the Exhibit Hall, Civic Auditorium.

## THE 79TH ANNUAL SESSION

**Public Meeting**—The evening assembly of Wednesday, September 27—Officers' Night—will be open to the public. Invite your patients and other friends to this interesting meeting. The program (complete on page 796) is highlighted by:

- 8:30 p.m. President's Address  
Induction of President-elect  
9:30 p.m. Biddle Oration (Preston Bradley, D.D., LL.D.)

\* \* \*

**State Society Night**—Thursday, September 28, 1944, 8:30 p.m., Ballroom, Pantlind Hotel, Grand Rapids. (Admission by card.)

- 8:30 p.m.—Report on Survey of Michigan Medicine.  
9:15 p.m.—General Discussion.  
10:00 p.m.—Adjourn to Supper Club Room.

\* \* \*

**Guest Essayists** are very respectfully requested not to change time of their lecture with another speaker without the approval of the General Assembly. This request is made in order to avoid confusion and disappointment on the part of some members of the audience.

\* \* \*

**Acknowledgment**—The Michigan State Medical Society sincerely thanks the Michigan Tuberculosis Association for its sponsorship of the lecture presented by Herman E. Hilleboe, M.D., Bethesda, Md.

\* \* \*

**Scientific and Technical Exhibits**—118 displays—will open daily at 8:30 a.m. and close at 6:00 p.m. with the exception of Friday when the Exhibits will close at 2:00 p.m. Frequent intermissions to view the exhibits have been arranged before and after the General Assemblies and Section Meetings.

### PLEASE REGISTER AT EACH BOOTH

\* \* \*

**Postgraduate Credits** are given to every member who attends the Postgraduate Conference on War Medicine, the annual session of the Michigan State Medical Society, Wednesday, Thursday, Friday, September 27-28-29, at Grand Rapids.

\* \* \*

**Press Relations Committee**—Torrance Reed, M.D., Chairman, and W. B. Mitchell, M.D., of Grand Rapids.

\* \* \*

**Parking**—Do not park your car on the street. Convention parking near the Civic Auditorium will

### COUNTY SECRETARIES' CONFERENCE

Schubert Room, Pantlind Hotel  
Wednesday, September 27, 1944  
5:30 p.m. to 8:30 p.m.

T. Y. Ho, M.D., St. Johns, Presiding

#### Program

- The Michigan Picture in Medicine (10 minutes)**  
L. FERNALD FOSTER, M.D., Bay City  
Secretary, Michigan State Medical Society
- Nebraska's New Medical Practice Act (20 minutes)**  
M. C. SMITH, Lincoln, Nebraska  
Executive Secretary, Nebraska State Medical Association
- Health Insurance Proposals in Canada (20 minutes)**  
F. A. BROCKENSHIRE, M.D., Windsor, Canada  
Immediate Past President, Ontario Medical Association

All Members of the State Society Will Be  
Welcomed at this Conference

### SEVENTEEN DISCUSSION CONFERENCES

These quiz periods will be held Wednesday, Thursday, and Friday, September 27, 28, 29, at 4:00 to 5:00 p.m. An opportunity to ask questions concerning the presentation of the guest-essayists, or to discuss one of your interesting cases with them, will be provided.

**Wednesday:** Discussion Conferences on General Practice, Surgery, Dermatology, Otolaryngology, Obstetrics and Gynecology, and on Pathology.

**Thursday:** Discussion Conferences on Surgery, Industrial Health, Obstetrics, Ophthalmology, Medicine, and Anesthesia.

**Friday:** Discussion Conferences on Medicine, Gynecology and Obstetrics, Pediatrics, Dermatology and General Practice.

Please submit your questions, on forms printed in the Program† to the Secretary of the General Assembly immediately after the termination of the lecture, in order that the guest essayist may have time to consider same before the quiz period at 4:00 p.m.

†Forms facing page 16.

be marked off with suitable sidewalk signs. The Grand Rapids Police Department will issue courtesy cards (at Registration Desk) for out-of-town autos, which give parking privileges but do not apply to metered spaces. Near-by parking lots are available, as well as convenient indoor parking facilities. The indoor parking rate at the Pantlind Garage is 75 cents for twenty-four hours. This is close to the Pantlind Hotel.

**The Committee Organization Luncheon**, a meeting of MSMS committee chairmen appointed by President-elect A. S. Brunk, M.D., to serve during the year 1944-45, will be held on Wednesday, September 27, 12:30 p.m. in the Pantlind Hotel.

\* \* \*

**The American College of Chest Physicians**, Michigan Chapter, will hold its annual meeting in the Pantlind Hotel, Grand Rapids, coincident with the MSMS Annual Session.

Dinner will be served on Thursday, September 28, 6:30 p.m., in the Amber Room of the Pantlind Hotel (second floor), followed by a meeting to which Herman H. Hilleboe, M.D., of Bethesda, Md., and Ralph C. Matson, M.D., of Portland, Ore., have been invited to speak. All members of the Michigan State Medical Society are invited to this Session. W. P. Chester, M.D., 2916 Seminole Avenue, Detroit 14, is in charge of arrangements; copies of the Program may be obtained by writing Dr. Chester.

\* \* \*

**Guest Golf**—The Chairman of the Grand Rapids Committee has arranged that MSMS members may play at all country clubs in the Grand Rapids District upon presentation of MSMS Membership Card and payment of greens fees.

Due to the war, the regular MSMS Golf Tournament for 1944 has been cancelled.

### THE WOMAN'S AUXILIARY

to the  
Michigan State Medical Society  
Presents an  
ATTRACTIVE PROGRAM

To which the wife of every MSMS member is  
cordially invited

## THE 79TH ANNUAL SESSION

**Register at Every Booth**—There is something for you in the interesting and large exhibit (118 booths). Stop and show your appreciation of the exhibitors' support in making the Postgraduate Conference possible.

\* \* \*

**Eight General Assemblies**, Wednesday, Thursday, Friday, September 27, 28, 19. (See pages 793, 795, 796, 798, 799, 800.)

\* \* \*

**Ten Section Meetings** on Wednesday, Thursday, Friday. All Sections will meet at luncheons in the Pantlind Hotel, 12:00 noon to 1:30 p.m. (See pages 795, 797, 800.)

\* \* \*

The Loyola University Alumni of Michigan will hold a meeting in Grand Rapids on the occasion of the MSMS Annual Session.

Dinner will be served on Thursday, September 28, in the Michigan Room, Pantlind Hotel, 6:30 p.m. C. G. Krupp, M.D., 16 Monroe Avenue, N.E., Grand Rapids, is Chairman of Arrangements. All Loyola Alumni are cordially invited to attend this party.

### TWO CINEMA ROOMS AT MSMS WAR CONFERENCE

Davis & Geck, Inc., of New York, and the Medical Film Guild of New York, will each present scientific films in their cinema rooms at the 79th Annual Session of the Michigan State Medical Society in Grand Rapids, September 27-28-29.

\* \* \*

From the Surgical Film Library of Davis & Geck, the following film program will be presented in Booth A-8:

#### WEDNESDAY, SEPTEMBER 27

- 8:30 A.M.-8:50 A.M.  
**Cataract Extraction**  
Dr. Ramon Castroviejo—Columbia Presbyterian Medical Center
- 9:00 A.M.-9:30 A.M.  
**The Application of Thick Split Skin Grafts**  
Dr. J. Barrett Brown—Washington Univ. School of Medicine
- 11:30 A.M.-12:00 M.  
**Modified Mikulicz Operation. Right Colectomy for Carcinoma of the Cecum**  
**Second Stage Resection of Right Colon—Closure of Modified Mikulicz.**  
Dr. Richard B. Cattell, Boston
- 1:30 P.M.-2:00 P.M.  
**Partial Gastrectomy after Failure of Gastroenterostomy to Cure a Duodenal Ulcer.**  
Dr. Roy D. McClure—Henry Ford Hospital, Detroit
- 3:30 P.M.-3:50 P.M.  
**Abdomino-Perineal Resection for Carcinoma of the Rectum, One-Stage Operation (Miles).**  
Dr. Thomas E. Jones—Cleveland Clinic
- 3:50 P.M.-4:00 P.M.  
**Removal of Pancreatic Stone.**  
Dr. Wm. F. Rienhoff, Jr.—Johns Hopkins Hospital
- 5:00 P.M.-5:45 P.M.  
**Surgery of the Common Bile Duct.**  
Dr. Chas. B. Puestow—Univ. of Illinois, School of Medicine
- 5:45 P.M.-6:00 P.M.  
**Reconstruction of Nose by Epithelial Inlay.**  
Dr. John M. Converse—American Hospital in Britain

#### THURSDAY, SEPTEMBER 28

- 8:30 A.M.-8:45 A.M.  
**Reconstruction of Floor of Orbit.**  
Dr. John M. Converse—American Hospital in Britain
- 8:45 A.M.-9:00 A.M.  
**Keratoplasty**  
Dr. Ramon Castroviejo—Columbia Presbyterian Medical Center
- 9:00 A.M.-9:30 A.M.  
**Cancer of the Female Breast, Diagnosis and Treatment.**  
Dr. Frank E. Adair, Memorial Hospital, New York
- 11:30 A.M.-12:00 M.  
**Skin Grafting of War Wounds and Observations on Wound Healing.**  
Dr. John M. Converse—American Hospital in Britain
- 1:30 P.M.-1:45 P.M.  
**Ileostomy for Ulcerative Colitis.**  
Dr. Henry W. Cave, New York

#### 1:45 P.M.-2:00 P.M.

- Colectomy for Ulcerative Colitis.**  
Dr. Henry W. Cave, New York
- 3:30 P.M.-4:00 P.M.  
**Cholelithiasis with Common Duct Stone.**  
Dr. Ralph Bettman—Rush Medical College, Chicago
- 5:00 P.M.-5:45 P.M.  
**Inguinal Hernia.**  
Dr. Raymond W. McNealy—Northwestern Univ. Medical School
- 5:45 P.M.-6:00 P.M.  
**Surgical Treatment of Varicose Veins with High Ligation and Individualized Stripping and Excision.**  
Dr. Henry N. Harkins—Henry Ford Hospital, Detroit

#### FRIDAY, SEPTEMBER 29

- 8:30 A.M.-8:40 A.M.  
**Subtotal Thyroidectomy for Multiple Nodular Goiter.**  
Dr. Roy D. McClure—Henry Ford Hospital, Detroit
- 8:40 A.M.-9:15 A.M.  
**Combined Operation: Fusion of Lumbosacral Joint and Hemilaminectomy for Removal of Herniated Disc.**  
The Lahey Clinic, Boston
- 9:15 A.M.-9:30 A.M.  
**Splenectomy for Banti's Disease.**  
Dr. Roy D. McClure—Henry Ford Hospital, Detroit
- 11:30 A.M.-11:45 A.M.  
**Subtotal Gastrectomy for Gastric Ulcer.**  
Dr. Wm. F. Rienhoff, Jr.—Johns Hopkins Hospital
- 11:45 A.M.-12:00 M.  
**Complete Laceration of the Perineum.**  
Dr. Louis E. Phaneuf, Boston
- 1:30 P.M.-2:00 P.M.  
**Treatment of War Burns of Hand.**  
Dr. John M. Converse—American Hospital in Britain

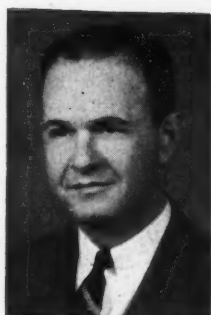
\* \* \*

The Medical Film Guild's Library will show the following films daily in Booth A-16:

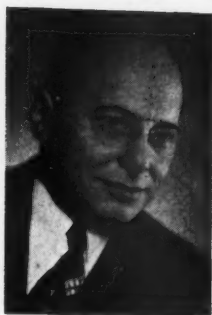
1. **Inguinal Hernioplasty**—In Color and Sound  
Demonstrating the new Surgical Stitching Instrument designed for the advancement of Surgery.
2. **Sutures Since Lister**—In Sound  
An instructive film portraying operative procedure of the period contemporary with Lister in contrast with present-day methods.
3. **Non-operative Treatment of Paranasal Sinusitis**—In Color and Sound  
Designed to outline an intelligent approach to the conservative management of those sinus infections that are encountered in the daily routine.
4. **Otitis Media in Pediatrics**—In Color and Sound  
The film portrays the importance of the infectious diseases of infancy and childhood in the development of otitic inflammations.
5. **A Clinic of Acute Mastoiditis**—In Color and Sound  
Depicts the anatomy of the mastoid process, the importance of landmarks, the relationship of vital structures, the use of instruments and the operative procedure.
6. **Otoscopy in the Inflammations**—In Color and Sound  
A series of ear drums are shown, from the acute catarrhal condition and chronic catarrhal condition to pictures of adhesive processes.
7. **A Clinic on Petrositis With Meningitis**—In Color and Sound  
The symptoms of the patient are shown pictorially, with animated charts of the laboratory and clinical findings. Minimal surgery is stressed to meet current imperative indications.
8. **A Clinic on Sigmoid Sinus Thrombosis**—In Color and Sound  
The anatomy, the genesis of the lesion, the symptomatology and operative therapy is presented as it occurred in an actual case.
9. **Asphyxia Neonatorum**—In Sound and Color  
The many prevalent complications of childbirth, together with prophylaxis, judicious use of drugs, and care during labor and delivery are shown. Embryology and physiology of resuscitation are extensively outlined.
10. **A Clinic on Chronic Otitic Purulences**—In Sound and Color  
Otoscope examination and physical findings demonstrate the lesions in the dangerous and non-dangerous chronically discharging ear.
11. **Amebiasis and Its Treatment**—In Sound and Color  
A thorough-going study of Amebic Dysentery emphasizing the many ramifications in diagnosis, epidemiology, pathology and treatment.
12. **Rehabilitation for Parkinson's Syndrome**—In Color and Sound  
A diagnostic and surgical study of Parkinson's disease.



CHARLES A. ALDRICH  
Rochester, Minn.



A. A. APPLEBAUM  
Toledo, Ohio



JOSEPH L. BAER  
Chicago



S. WILLIAM BECKER  
Chicago



PRESTON BRADLEY  
Chicago



CHARLES J. CLARK  
Willow Run, Mich.



ARTHUR C. CURTIS  
Ann Arbor



GEZA DE TAKATS  
Chicago

## Guest Speakers



FREDERICK H. FALLS  
Chicago



SIDNEY FARBER  
Boston



CAPT. ARTHUR W. FRISCH  
Battle Creek



JOHN W. HARRIS  
Madison, Wis.



HERMAN E. HILLEBOE  
Bethesda, Md.



BRIG. GEN. C. C. HILLMAN  
Washington, D. C.



JOHN F. HUNT  
Chicago



FRANK H. KRUSEN  
New York



MAJOR FRANK H. MAYFIELD  
Battle Creek



BRIG. J. C. MEAKINS  
Montreal



COL. WM. C. MENNINGER  
Washington, D. C.



ROBERT A. MOORE  
St. Louis



R. L. NOVY  
Detroit



EARL D. OSBORNE  
Buffalo



ARTHUR W. PROETZ  
St. Louis



E. A. ROVENSTINE  
New York



A. D. RUEDEMANN  
Cleveland



TOM D. SPIES  
Birmingham, Ala.,  
and Cincinnati



JAMES L. WILSON  
New York



MAX M. ZINNINGER  
Cincinnati

# THE 79TH ANNUAL SESSION

## Woman's Auxiliary



Mrs. J. J. WALCH  
President  
1943-1944

### COMMITTEE CHAIRMEN

Mrs. Willis L. Dixon.....General Chairman  
Mrs. William J. Butler.....Co-Chairman  
Registration and Credentials—Mrs. John TenHave  
Hospitality—Mrs. A. Verne Wenger, Mrs. Carl Snapp  
Finance—Mrs. John T. Hodgen  
Press—Mrs. Henry P. Kooistra, Mrs. Floyd F. Gibbs  
Flowers and Decorations—Mrs. John Mill Wright, Mrs. O. H. Gillette  
Exhibits—Mrs. Robert H. Denham (Medical and Surgical Relief), Mrs. Wm. Rodger (Nutrition)  
Pre-Convention Luncheon—Mrs. Merrill Wells  
Banquet and Luncheon—Mrs. William A. Hyland, Mrs. Joseph DePree  
Fashion Show—Mrs. John Winslow Holcomb, Mrs. Geo. Southwick  
Tea—Mrs. Harvard J. VanBelols, Mrs. Russell Brink  
Pages—Mrs. Ward Ferguson

### Program

Tuesday, September 26, 1944

- 1:00 P.M. Registration opens
- 6:30 P.M. Dinner at Hotel Pantlind for Past Presidents and Secretaries Club of State Auxiliary.
- Mrs. Guy L. Kiefer—President  
Mrs. William J. Butler—Chairman  
Mrs. A. Verne Wenger—Co-Chairman

Wednesday, September 27, 1944

- 9:00 A.M. Registration — Hotel Pantlind — Balcony
- 10:00 A.M. Finance Committee—  
Mrs. H. L. French, Chairman
- 12:30 P.M. Pre-convention Luncheon and Board Meeting  
Amber Room—2nd Floor—Hotel Pantlind—Complimentary 1943-1944 Board Members and County Presidents. All members welcome to attend.
- 3:30 P.M. Tea—Continental Room—1st Floor, Hotel Pantlind  
Kent County Auxiliary Members—Hostesses
- 6:00 P.M. Reception Honoring Mrs. David W. Thomas, National President, and State Officers.  
Mezzanine Floor
- 7:00 P.M. Banquet (Informal) Grill Room—1st Floor, Hotel Pantlind  
Presiding—Mrs. John J. Walch, President  
National Anthem—Led by R. J. McCandliss, M.D., accompanied by Mrs. McCandliss  
Invocation—Mrs. Guy L. Kiefer  
Welcome—Mrs. W. L. Dixon, Chairman  
Presentations of Past Presidents, Speakers and honored guests  
Fashion Show—Something unusual and different in the way of entertainment

Thursday, September 28, 1944

- 8:00 A.M. Registration—Hotel Pantlind
- 9:00 A.M. Formal Opening of Convention—Amber Room, Hotel Pantlind  
Presiding—Mrs. John J. Walch, President  
Pledge of Allegiance—Mrs. Wm. E. Barstow, St. Louis  
Introductions:  
Address of Welcome—Mrs. Merrill Wells, President Kent County Auxiliary  
Response—Mrs. Lloyd C. Harvie, Saginaw  
Greetings—Dr. F. E. Reeder, Chairman, Advisory Council  
In Memoriam—Mrs. W. A. Schaeffer  
Report of Mrs. Willis L. Dixon, Convention Chairman  
Minutes of the 17th annual meeting—Mrs. Otto S. Hult, Secretary.  
Roll Call  
Convention Rules of order—Mrs. Homer Ramsdall  
Credentials and Registrations—Mrs. John TenHave, Chairman  
Resolutions—Mrs. Riggs  
President's Message—Mrs. John J. Walch  
Report of Officers:  
Treasurer—Mrs. R. H. Alter, Jackson  
Auditor's Report  
Secretary—Mrs. Otto Hult  
Chairman of Standing Committees  
County Presidents  
New Business  
Unfinished Business  
Report of Committee on nominations  
Elections of officers and installation  
Presentation Ceremony—Mrs. Guy L. Kiefer  
Address—Mrs. H. L. French, President  
Adjournment
- 12:30 P.M. Annual Luncheon, Grill Room—1st Floor, Hotel Pantlind  
Presiding—Mrs. Willis L. Dixon, Convention Chairman  
Invocation—Rev. Edward A. Mohns, Pastor Westminster Presbyterian Church  
Introductions of honored guests  
Speaker—Floyd E. Armstrong, Professor of Economics—M.I.T.  
National Anthem
- 3:30 P.M. Post Convention Board Meeting—Mrs. H. L. French, Presiding  
This is compulsory for 1944-1945 Board Members and County Presidents. All Members urged to attend.

# 1944 Postgraduate Conference on War Medicine

## PROGRAM of GENERAL ASSEMBLIES

### WEDNESDAY MORNING

September 27, 1944

#### First General Assembly

Black and Silver Ballroom, Civic Auditorium

R. S. MORRISH, M.D., Presiding

L. FERNALD FOSTER, M.D. and C. J. SMYTH, M.D.,  
Secretaries

A. M.

#### 9:30 "Tropical Medicine"

BRIGADIER GENERAL C. C. HILLMAN, MC, U.S.  
Army, Washington, D. C.

*Chief of Professional Service, Surgeon General's  
Office, War Department, Washington, D. C.*

Since Pearl Harbor many thousands of our American physicians have become perforce doctors of tropical medicine. The problems that have been encountered in maintaining the health of troops in tropical climates among highly infected native populations have been legion. Each has necessitated detailed study and special measures to provide the solution. With typical American resourcefulness our medical officers have succeeded and, notwithstanding the unfavorable environment and hardships of campaign, death rates from disease among troops in tropical theatres have been far more favorable than among the civilian population of the United States.

The future suggests that for decades to come we shall have to maintain garrisons in equatorial areas. Tropical medicine becomes, therefore, a subject of practical interest and one that should command the earnest attention of our civilian practitioners and teaching institutions.

Our understanding of vascular disease is daily enlarging. Its recent progress is explained by newer knowledge pertaining to the dynamics of circulation and by a closer study of the changes occurring in the clotting mechanism. For the general practitioner the disturbances of peripheral circulation are most important. Acute vascular emergencies in the peripheral circulation include arterial thromboses, arterial emboli, and venous thromboses. The chronic vascular lesions are on an inflammatory, degenerative, or neurovascular basis. The purpose of treatment is obviously threefold: to relieve the obstruction, to develop and improve collateral circulation, and to remove nonviable parts at an optimal level.

#### 10:00 "Vascular Disease"

GEZA de TAKATS, M.D., Chicago, Illinois

*Associate Professor of Surgery, University of Illinois; Senior Attending Surgeon, St. Luke's Hospital, Chicago.*

Our understanding of vascular disease is daily enlarging. Its recent progress is explained by newer knowledge pertaining to the dynamics of circulation and by a closer study of the changes occurring in the clotting mechanism. For the general practitioner, the disturbances of peripheral circulation are most important. Acute vascular emergencies in the peripheral circulation include arterial thromboses, arterial emboli, and venous thromboses. The chronic vascular lesions are on an inflammatory, degenerative, or neurovascular basis. The purpose of treatment is obviously threefold: to relieve the obstruction, to develop and improve collateral circulation, and to remove nonviable parts at an optimal level.

#### 10:30 "The Treatment of Eczema (Dermatitis) Based on Etiology"

EARL D. OSBORNE, M.D., Buffalo, New York

*Professor of Dermatology and Syphilology, University of Buffalo School of Medicine; Member of Subcommittee on Industrial Medicine of National Research Council.*

Most textbooks classify eczema (dermatitis) according to its clinical appearance and location. In the presenter's opinion this approach is entirely outmoded

and signifies a lack of investigative and dermatologic detective ability in the elucidation of the cause of the eczema (dermatitis). In well over 90 per cent of cases of eczema (dermatitis) the cause can be found and eliminated. Studies on many cases of industrial dermatitis have taught us much regarding the etiology of eczema (dermatitis) in the whole population.

Illustrated cases of all types of eczema (dermatitis) based on etiology will be presented and the handling of these cases will be explained.

#### 11:00 "The Pathology of Rickettsial Diseases"

ROBERT A. MOORE, M.D., St. Louis, Missouri  
and EDWARD MALLINCKRODT

*Professor of Pathology, Washington University School of Medicine, St. Louis; Pathologist to the Barnes Hospital, St. Louis.*

American physicians in the past have had little practical need for information on rickettsial diseases. In the 1930's an increasing number of patients with Rocky Mountain spotted fever have been observed in Midwestern and Eastern states. American troops are now stationed in parts of the world where louse-borne and flea-borne typhus and scrub typhus or tsutsugamushi fever are endemic or epidemic.

The essential anatomic lesion in rickettsial disease is an inflammation of vascular walls with secondary inflammation in certain viscera and tissues. The clinical signs and symptoms are directly related to the pathologic changes.

#### 11:30 End of First General Assembly

#### HALF-HOUR INTERMISSION TO VIEW EXHIBITS

You Are Cordially Invited  
to Visit the  
Michigan State Medical Society

#### HOSPITALITY BOOTH

Opposite Registration Desk—Civic Auditorium

Stop and Chat With Your State Officers

## PROGRAM of SECTIONS

### Wednesday

September 27, 12:00 to 1:30 p.m. (luncheons)

#### SECTION ON GENERAL PRACTICE

##### Ballroom

Chairman: CARL S. RATIGAN, M.D., Dearborn

Secretary: PAUL E. MEDEMA, M.D., Muskegon

#### "The Place of the General Practitioner in the Practice of Obstetrics"

JOHN W. HARRIS, M.D., Madison

Under the present setup of medical practice, the general practitioner must of necessity still assume the responsibility for the care of the majority of obstetric patients. If this is to be done properly, certain changes must be made in present-day procedures. The most important of these is the education of the public as to the value of preventive obstetrics. In turn, obstetrics can and should be made more attractive to the general practitioner.

(Continued on Page 795)

## Seventeen Discussion Conferences (Quiz Periods)

### All Meetings in the Pantlind Hotel and Civic Auditorium, Grand Rapids

Seventeen discussion conferences each with a different chairman—leaders of outstanding ability in their field—will be held Wednesday, Thursday, and Friday afternoons. Here the doctor will have a chance to ask questions of the lecturers he has heard and to hear discussed medical matters of value to him in his daily practice.

#### Wednesday, September 27—4:00 to 5:00 p.m.

<b>GENERAL PRACTICE</b> Ballroom, Pantlind Hotel Leader <b>Walter A. Stryker, M.D.</b> Ann Arbor Guest Conferee <b>General C. C. Hillman,</b> MC Washington, D. C.	<b>SURGERY</b> Black and Silver Ballroom Civic Auditorium Leader <b>Edward H. Lauppe, M.D.</b> Detroit Guest Conferee <b>Geza de Takats, M.D.</b> Chicago	<b>DERMATOLOGY</b> Room F Civic Auditorium Leader <b>Udo J. Wile, M.D.</b> Ann Arbor Guest Conferee <b>Earl D. Osborne, M.D.</b> Buffalo	<b>PATHOLOGY</b> Grill Room Pantlind Hotel Leader <b>D. C. Beaver, M.D.</b> Detroit Guest Conferees <b>Robert A. Moore, M.D.</b> St. Louis <b>Capt. Arthur W. Frisch,</b> MC Battle Creek	<b>OBSTETRICS</b> Schubert Room Pantlind Hotel Leader <b>Roger S. Siddall, M.D.</b> Detroit Guest Conferee <b>John W. Harris, M.D.</b> Madison, Wis.	<b>OTOLOGY</b> Red Room Civic Auditorium Leader <b>H. Lee Simpson, M.D.</b> Detroit Guest Conferee <b>Arthur W. Proetz, M.D.</b> St. Louis, Mo.
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#### Thursday, September 28—4:00 to 5:00 p.m.

<b>INDUSTRIAL HEALTH</b> Grill Room Pantlind Hotel Leader <b>C. D. Selby, M.D.</b> Detroit Guest Conferee <b>Frank H. Krusen, M.D.</b> Rochester, Minn.	<b>SURGERY</b> Black and Silver Ballroom Civic Auditorium Leader <b>F. A. Collier, M.D.</b> Ann Arbor Guest Conferees <b>Major Frank H.</b> Mayfield, MC Battle Creek <b>Max M. Zinninger, M.D.</b> Cincinnati	<b>ANESTHESIA</b> Room F Civic Auditorium Leader <b>Reuben Maurits, M.D.</b> Grand Rapids Guest Conferee <b>Emery A. Royenstine,</b> M.D. New York	<b>MEDICINE</b> Ballroom Pantlind Hotel Leader <b>John Barnwell M.D.</b> Ann Arbor Guest Conferee <b>Herman E. Hilleboe,</b> M.D. Bethesda, Md.	<b>OBSTETRICS</b> Schubert Room Pantlind Hotel Leader <b>Ward F. Seeley, M.D.</b> Detroit Guest Conferee <b>Joseph L. Baer, M.D.</b> Chicago	<b>OPHTHALMOLOGY</b> Red Room Civic Auditorium Leader <b>J. O. Wetzel, M.D.</b> Lansing Guest Conferee <b>A. D. Ruedemann, M.D.</b> Cleveland
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#### Friday, September 29—4:00 to 5:00 p.m.

<b>GENERAL PRACTICE</b> Grill Room Pantlind Hotel Leader <b>R. W. Waggoner, M.D.</b> Ann Arbor Guest Conferee <b>Col. Wm. C. Menninger,</b> MC Washington, D. C.	<b>PEDIATRICS</b> Black and Silver Ballroom Civic Auditorium Leader <b>John H. Law, M.D.</b> Ann Arbor Guest Conferees <b>A. C. Aldrich, M.D.</b> Rochester, Minn. <b>Sidney Farber, M.D.</b> Boston <b>James L. Wilson, M.D.</b> New York	<b>DERMATOLOGY</b> Room F Civic Auditorium Leader <b>John H. Cobane, M.D.</b> Detroit Guest Conferees <b>S. Wm. Becker, M.D.</b> Chicago <b>A. C. Curtis, M.D.</b> Ann Arbor	<b>MEDICINE</b> Ballroom Pantlind Hotel Leader <b>B. R. Corbus, M.D.</b> Grand Rapids Guest Conferees <b>C. J. Clark, M.D.</b> Willow Run <b>A. A. Applebaum, M.D.</b> Toledo, Ohio <b>Brigadier J. C. Menkins</b> Montreal, Canada	<b>OBSTETRICS</b> Schubert Room Pantlind Hotel Leader <b>Harold Henderson, M.D.</b> Detroit Guest Conferee <b>Frederick H. Falls,</b> M.D. Chicago	<b>VIEW THE</b>  <b>118</b>  <b>EXHIBITS</b>  <b>DAILY</b>
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All Members Are Invited to Join in These QUIZ PERIODS With the Guest Essayists

SECTION ON OPHTHALMOLOGY AND  
OTOLARYNGOLOGY

Grill Room

Chairman: W. S. GONNE, M.D., Detroit  
Vice Chairman: R. C. POCHERT, M.D., Owosso  
Secretary: A. J. CORTOPASSI, M.D., Saginaw  
Vice Secretary: GEO. C. HARDIE, M.D., Jackson

OTOLARYNGOLOGICAL PROGRAM

"Allergy in the Ear, Nose and Throat"

ARTHUR W. PROETZ, M.D., St. Louis, Missouri

Allergy in the ear, nose and throat will be discussed from a single standpoint: namely, the practical management of the disease in office and hospital by the otolaryngologist, with special emphasis upon his facilities and his limitations.

SECTION ON RADIOLOGY, PATHOLOGY,  
AND ANESTHESIA

Furniture Assembly Room

Chairman: R. J. PARSONS, M.D., Ann Arbor  
Secretary: C. B. PILLSBURY, M.D., Ypsilanti  
Secretary: H. J. VAN BELOIS, M.D., Grand Rapids

PATHOLOGY PROGRAM

- (a) "Nodular Hyperplasia of the Prostate" (20 min.)

ROBERT A. MOORE, M.D., St. Louis, Missouri

Nodular hyperplasia (benign hypertrophy) of the prostate increases in incidence with increasing age, until 75 per cent of men over 80 years of age are affected. The essential lesion is a proliferation of stroma and glands in the lateral and medial parts of the prostate to form nodules. The physiologic disturbance is a partial obstruction at the vesical neck.

Of the many theories of cause and pathogenesis which have been suggested, the hypothesis implicating some dystrophy of hormones is the most logical and fits the facts best. If it is a hormonal imbalance, prevention is possible.

- (b) "Sulfonamide Resistant Gonorrhea" (20 min.)

CAPTAIN ARTHUR W. FRISCH, MC, AUS, Laboratory Service, Percy Jones General Hospital, Battle Creek, Michigan

The term "sulfonamide resistant" gonorrhea has acquired a clinical rather than a bacteriological connotation. Failure of patients to respond to treatment may be due to (1) inadequate dosage; (2) obstruction to effective drainage of pus in one or more foci within the glandular elements of the genito-urinary tract; (3) failure of the drugs to penetrate the infected tissue; or, (4) the development of "fastness" to one or more of the sulfonamides. For the above reasons a simple method of determining bacteriologic sensitivity was devised in which urethral exudates were cultured on media containing sulfonamides and penicillin and the growth of gonococci was compared with a control plate without drugs.

Among clinically resistant cases of male gonorrhea only 37 per cent were found to harbour organisms which had acquired tolerance for sulfathiazole. On the other hand all of the bacteriologically resistant cultures were susceptible to the action of penicillin. The management of these cases is discussed.

WEDNESDAY AFTERNOON  
September 27, 1944

Second General Assembly

Black and Silver Ballroom, Civic Auditorium

C. E. UMPHREY, M.D., Presiding  
L. FERNALD FOSTER, M.D., and MILTON A. DARLING, M.D., Secretaries

P. M.

2:00 "Vitamins and the Practice of Medicine"

TOM D. SPIES, M.D., Birmingham, Alabama and Cincinnati, Ohio

Associate Professor of Medicine, University of Cincinnati College of Medicine, Cincinnati, Ohio; Director, Nutrition Clinic Hillman Hospital, Birmingham, Alabama.

The very essence of good medical practice is precise diagnosis followed by persistent and adequate therapy. Most physicians recognize the so-called textbook case of deficiency disease and know how to treat it, but to date the practicing physician has been taught little about the early case, the case with asymmetrical lesions or the very severe case with atypical lesions. It is with this group of cases that I shall spend most of my time for to miss the diagnosis here and fail to apply the usual therapy allows a fatality. In the fine evaluation of every case we have in mind that correct diagnosis can be made only by the interpretation of a careful dietary history, indicated laboratory tests and a thorough medical history, and physical examination. After the diagnosis is made, we apply the following four principles of therapy.

1. Diet: 4,000 calories, 120-150 gm. protein, rich in vitamins and minerals.
2. Basic therapy: thiamin, riboflavin, niacin amide, ascorbic acid, orally.
3. Additional medication: synthetic vitamins as indicated, orally or parenterally.
4. Natural B Complex: brewers' yeast or extract, or rice bran extract, and/or liver extract orally or parenterally.

2:30 "The Obstetricians' Responsibility in the Problem of Prematurity"

JOHN W. HARRIS, M.D., Madison, Wisconsin

Professor of Obstetrics and Gynecology, University of Wisconsin; Obstetrician and Gynecologist-in-Chief, State of Wisconsin General Hospital.

Remarkable strides have been made in the feeding and care of the premature infant. However, the number of stillbirths and deaths within the first day of life remains appallingly high. This is the chief responsibility of the obstetrician. The causes of prematurity are reviewed, and, in certain cases, methods for reducing its incidence are discussed. The conduct of premature labor and especially as regards the choice of analgesic and anesthetic drugs are of vital importance and are evaluated in detail.

3:00 "Management of the Common Cold"

ARTHUR W. PROETZ, M.D., St. Louis, Missouri

Professor of Clinical Otolaryngology, Washington University School of Medicine; Editor of the "Annals of Otolaryngology and Laryngology."

The common cold is a combination of more or less constant symptoms attendant upon the sudden invasion of the upper—and sometimes the lower—respiratory tract. The distressing result, however, may be brought about by any of several causes. Until something specific is discovered which will either prevent or cure a cold, management must be largely dependent upon the etiological factors operating in the case in hand. Recovery depends upon the reestablishment of physiological conditions. Means will be discussed for bringing this about in given cases. Treatment will be discussed from the standpoints of prevention, amelioration of symptoms and shortening the course of the attack.

3:30 HALF-HOUR INTERMISSION TO VIEW EXHIBITS

4:00 SIX DISCUSSION CONFERENCES WITH GUEST ESSAYISTS (See page 794)

5:00 End of Second General Assembly

# WEDNESDAY EVENING September 27, 1944

## Third General Assembly

Ballroom, Pantlind Hotel, Grand Rapids

C. R. KEYPORT, M.D., Presiding  
L. FERNALD FOSTER, M.D., Secretary

P. M.

### 8:30 OFFICERS' NIGHT—PUBLIC MEETING

1. Call to order by President C. R. Keyport, M.D., Grayling
2. Announcements and Reports of the House of Delegates by Secretary L. Fernald Foster, M.D., Bay City
3. President's Annual Address—C. R. Keyport, M.D.
4. Induction of A. S. Brunk, M.D., Detroit, into office as President of the Michigan State Medical Society. Response
5. Presentation of Scroll and Past-President's Key to Dr. Keyport by the Chairman of the Council, V. M. Moore, M.D., Grand Rapids
6. Introduction of the President-Elect and other newly elected officers of the State Society

### 9:00 7. The Andrew P. Biddle Oration "When Doctors Disagree"

PRESTON BRADLEY, LL.D., D.D., Chicago



PRESTON BRADLEY

### 8. Presentation of Biddle Oration Scroll



Patron of Postgraduate  
Medical Education  
(Deceased, August 2, 1944)

A. P. BIDDLE, M.D.

End of Third General Assembly

# THURSDAY MORNING September 28, 1944

## Fourth General Assembly

Black and Silver Ballroom, Civic Auditorium

O. O. BECK, M.D., Presiding  
L. FERNALD FOSTER, M.D. and WM. G. WANDER, M.D.,  
Secretaries

A. M.

### 9:30 "Gall Bladder"

MAX M. ZINNINGER, M.D., Cincinnati, Ohio

*Associate Professor of Surgery, College  
of Medicine, University of Cincinnati.*

The physiologic function of the gall bladder is concentration and storage of bile in the intervals between digestive activity. As a result of disease, either metabolic or infectious, this function may be altered or abolished, stones may form, and digestive disturbances occur. The rational treatment of cholelithiasis is cholecystectomy to remove the focus of infection which is principally in the wall of the gall bladder, and to remove the nidus for further stone formation. Symptoms, diagnosis and pathology will be reviewed. The management of acute cholecystitis will be discussed. A few details of operative technique will be mentioned.

### 10:00 "The Protruding Eye"

A. D. RUEDEMANN, M.D., Cleveland, Ohio

*Head of Eye Department, Cleveland Clinic*

The protruding eye will be discussed from the point of view of early diagnosis and treatment.

It is important that an effort be made to make an early diagnosis as the functional end result depends upon the position of the eyes themselves. Watchful waiting is not a good criterion to follow in these cases. All the diagnoses are made by exclusion by the use of x-rays, blood counts, nose and throat examination, general physical examination, especially in those patients probably having thyroid disease. They present an interesting but difficult group and provide considerable discussion as to the best methods of treatment.

An attempt will be made to interest the general man in early recommendations as to the diagnosis and treatment of this very serious eye condition.

### 10:30 "Prolonged Labor"

JOSEPH L. BAER, M.D., Chicago, Illinois

*Rush Professor of Gynecology and Obstetrics, University of Illinois; Senior Attending Gynecologist and Obstetrician, Michael Reese Hospital; Co-Chairman Cook County Maternal Welfare Committee.*

The phrase "Prolonged Labor" is clinical in concept and application. Since clinical judgment and experience is necessarily personal there can be no scientific determination of what constitutes prolonged labor. In each instance a multitude of factors must be taken into consideration. In competent hands an impassable bony pelvis, obstructing tumors, transverse presentation, hydrocephalus, et cetera, will have been detected before the onset of labor. Ineffectual contractions, relative cephalo-pelvic disproportions, maternal exhaustion, unusual fetal positions and attitudes, threatened rupture of the uterus, resistant pelvic floor, contribute to the clinical picture. An arbitrary twenty-four hour time limit is applicable only in relation to the clinical evaluation of the status of the parturient and the fetus.

VIEW THE 118 EXHIBITS  
SCIENTIFIC AND TECHNICAL

## THE 79TH ANNUAL SESSION

### 11:00 "The Pre-anesthetic Preparation of the Surgical Patient"

E. A. ROVENSTINE, M.D., New York, N. Y.

*Professor of Anesthesia, New York University College of Medicine; Director, Division of Anesthesia, Bellevue Hospital, New York.*

Anesthesia should be considered as the summation of the effects of premedication and the anesthetic agent proper. The selection of drugs for pre-anesthetic preparation, the amounts used and the time of administration are common sources for errors in the technique of anesthesia.

Pre-anesthetic medication has developed in a wide range from "an aspirin tablet" to "basal narcosis." A wide variety of drugs is in popular use. The rational of such therapy, the results desired and the consequences of its improper application to clinical surgery are discussed.

### 11:30 End of Fourth General Assembly

### HALF-HOUR INTERMISSION TO VIEW EXHIBITS

## PROGRAM of SECTIONS

### Thursday

September 28, 12:00 to 1:30 p.m. (luncheons)

### SECTION ON SURGERY

#### Ballroom

Chairman: ROBERT H. BAKER, M.D., Pontiac

Secretary: LOUIS J. MORAND, M.D., Detroit

#### "Herniated Nucleus Pulposus"

MAJOR FRANK H. MAYFIELD, MC, AUS, Percy Jones General Hospital, Battle Creek, Michigan

Injuries to the intervertebral disc have been recognized with greater frequency as a cause of low-back and sciatic pain within the past few years, and are at the present time a major military as well as an industrial problem.

The author will give a general discussion of this disease. This will include the diagnosis, treatment, and analysis of results.

### SECTION ON GYNECOLOGY AND OBSTETRICS

#### Schubert Room

Chairman: MILTON A. DARLING, M.D., Detroit

Secretary: CLEARY N. SWANSON, M.D., Detroit

#### "Office Gynecology"

JOSEPH L. BAER, M.D., Chicago

Gynecological practice includes something more than the detection of tumors, chronic pus tubes and birth injuries and their appropriate surgical treatment. Every leukorrhea is not a trichomonad infection, every backache is not an orthopedic problem, every cystitis does not respond to urinary antiseptics, dyspareunia cannot be shrugged off, sterility and infertility tax our skill and our patience. The endocrine vagaries of the adolescent, the kaleidoscopic manifestations of the menopause are a constant challenge. The potentialities of the cautery, the pes-

sary, the dilators, the Rubin apparatus must be understood to be used intelligently. The flood of organic and synthetic preparations competing for our favor have a nucleus of value and so does the lowly blood count.

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### SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

#### Furniture Assembly Room

Chairman: WM. S. GONNE, M.D., Detroit

Vice Chairman: R. C. POCHERT, M.D., Owosso

Secretary: A. J. CORTOPASSI, M.D., Saginaw

Vice Secretary: GEO. C. HARDIE, M.D., Jackson

### OPHTHALMOLOGICAL PROGRAM

#### "Beta Radium"

A. D. RUEDEMANN, M.D., Cleveland

*Head of Eye Department, Cleveland Clinic*

The use of beta radium in the treatment of corneal lesions, in the removal of corneal nebulæ, and in the reduction of the size of corneal maculæ and leukoma will be discussed. This treatment has been carried out in approximately two hundred patients having all types of corneal disturbances, and a report will be given as to its value in various types of corneal disturbances.

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### SECTION ON RADIOLOGY, PATHOLOGY, AND ANESTHESIA

#### Blue Room

Chairman: R. J. PARSONS, M.D., Ann Arbor

Secretary: C. B. PILLSBURY, M.D., Ypsilanti

Secretary H. J. VANBELOIS, M.D., Grand Rapids

### ANESTHESIA PROGRAM

#### Discussion on "The Management of Post-operative Period"

Discussion Leader: MARY LOU BYRD, M.D., Grand Rapids

Guest Discussant: E. A. ROVENSTINE, M.D., New York, N. Y.

View the 118

Scientific and

Technical Exhibits

Daily

# THURSDAY AFTERNOON

## September 28, 1944

### Fifth General Assembly

Black and Silver Ballroom, Civic Auditorium

E. F. SLADEK, M.D., Presiding  
L. FERNALD FOSTER, M.D., and C. S. RATIGAN, M.D.,  
Secretaries

P. M.

2:00 "A Rehabilitation Program for Military Veterans"

FRANK H. KRUSEN, M.D., New York, N. Y.

*Professor of Physical Medicine, Mayo Foundation, University of Minnesota; Head of the Section on Physical Medicine, The Mayo Clinic; Director of the Baruch Committee on Physical Medicine.*

The world is facing its greatest problem in physical rehabilitation. A satisfactory over-all program must be developed.

The physical reconstruction of those disabled in war begins at the moment of injury and ends only when they are restored physically and adjusted mentally. Rehabilitation is accomplished in nine steps: (1) immediate emergency care; (2) secondary emergency care; (3) rapid transportation; (4) treatment in general hospitals; (5) treatment in rehabilitation centers; (6) vocational guidance; (7) vocational training; (8) selective placement; (9) industrial rehabilitation.

Following all previous wars, physical rehabilitation has been performed rather poorly. Physicians must begin at once to consider the contributions which they can make toward the solution of this vast problem. This time we must not fail.

2:30 "The Role of the General Practitioner in Tuberculosis Control"

HERMAN E. HILLEBOE, M.D., Bethesda, Maryland

*Medical Director; Chief, Tuberculosis Control Division, U. S. Public Health Service.*

EUGENE J. GILLESPIE, M.D.

*Senior Assistant Surgeon*

The control of tuberculosis in general practice outside the cities constitutes a real problem, the solution of which is almost entirely dependent upon the interest and coöperation of the rural physician.

Tuberculosis is still an important public health problem in the United States, resulting in nearly 60,000 preventable deaths each year with ten times that number chronically disabled. A national program is just being established by the U. S. Public Health Service to assist the states and local communities in eradicating this disease.

The general practitioner with the aid of newer knowledge of tuberculosis, can play an important part in this great public health effort. Techniques of early and correct diagnosis and follow-up examinations are discussed with the suggestion that these procedures be applied on a wide scale by the family doctor in order that he may play his rightful role in the control of this disease.

3:00 "Peripheral Nerve Injuries"

MAJOR FRANK H. MAYFIELD, MC, AUS, Battle Creek, Michigan

*Chief of the Neurosurgical Section, Percy Jones General Hospital, Battle Creek, Michigan*

Injuries to peripheral nerves constitute approximately 10 per cent of war casualties. The writer's experience in the treatment of approximately 200 cases of peripheral nerve injuries will be given, along with a summary of the literature and a general discussion of the diagnosis, operative treatment, and postoperative care of such injuries.

3:30 Half-hour Intermission to View Exhibits

4:00 SIX DISCUSSION CONFERENCES WITH GUEST ESSAYISTS (See page 794.)

5:00 End of Fifth General Assembly

# THURSDAY EVENING

## September 28, 1944

### Sixth General Assembly

Ballroom, Pantlind Hotel

A. S. BRUNK, M.D., Presiding  
L. FERNALD FOSTER, M.D., and R. C. POCHERT, M.D.,  
Secretaries

P. M.

8:30 STATE SOCIETY NIGHT (Admission by card)

"What the People of Michigan Think of Medicine"

R. L. NOVY, M.D., Detroit

JOHN F. HUNT, Chicago



R. L. NOVY, M.D.

*Professor of Clinical Medicine, Wayne University College of Medicine; President of Michigan Medical Service.*



JOHN F. HUNT

*Executive and Director of Research, Foote, Cone and Belding, Chicago.*

A presentation of the results of a state-wide survey of public opinion relative to medical problems of the day will be made. The position of the medical profession in guiding and meeting the trends of the time will be discussed in light of the facts so presented.

9:15 Discussion Period  
End of Sixth General Assembly

10:00 Adjourn to Supper Club Room

# FRIDAY MORNING September 29, 1944

## Seventh General Assembly

Black and Silver Ballroom, Civic Auditorium

W. H. HURON, M.D., Presiding  
L. FERNALD FOSTER, M.D., and ROBERT H. BAKER, M.D.,  
Secretaries

A. M.

### 9:30 "Primary Atypical Pneumonia"

A. A. APPLEBAUM, M.D., Toledo, Ohio

Senior Active Staff Medical Service, St. Vincent's Hospital; Attending Physician, Toledo Hospital and Lucas County Hospital; Director of Cardiology at Lucas County Hospital and Women's and Children's Hospital; Consulting Physician, Toledo Society for Crippled Children; Fellow of the American College of Physicians.

Since primary atypical pneumonia has only in recent years been described, and is so commonly seen, a review of the subject is quite timely. It has become a serious problem in civilian life, as well as in the Armed Forces. This condition is, perhaps, better known as "virus pneumonia," although no virus has been definitely isolated as the etiologic agent. The predominant features are the relative scarcity of physical signs and failure to respond to sulfonamides and penicillin. A clinical study of 165 cases will be given, including one case report with post mortem findings. The discussion will include a survey of the etiology and epidemiology of the condition, the clinical features, diagnosis including the roentgenologic characteristics, pathologic findings, and treatment.

### 10:00 "Neuropsychiatry and the General Practitioner, Lessons Learned from the Army"

COLONEL WILLIAM C. MENNINGER, MC, Washington, D. C.

Director of the Division of Neuropsychiatry, Office of the Surgeon General, Army Service Forces, Washington, D. C.

In the army, if a man cannot function as a full duty soldier, he of necessity must go to the hospital. As a result, the medical officer sees many types of illness much earlier than in civilian life. Some of these are emotional difficulties and every medical officer has become aware of the fluidity of the soma and the psyche in the production of symptoms: gastric, cardiac, orthopedic, and in every body system. The problems arising concern themselves with the understanding of this type of symptomatology: what is the significance of such symptoms? What is the best approach to elucidation and understanding of them? What are the most effective treatment measures for such? The author attempts to answer these questions.

### 10:30 "Some Organic Digestive Disturbances in Early Life (Nature, Diagnosis and Treatment)"

SIDNEY FARBER, M.D., Boston, Massachusetts

Assistant Professor of Pathology, Harvard Medical School; Pathologist to the Children's Hospital, Boston.

This paper is concerned with chronic wasting and disturbance of nutrition, associated with foul stools and loss of fat and nitrogen in the feces. The causes of this disturbance of nutrition include diseases of the pancreas and of the intestinal tract and the attachments of the digestive tract. Differentiation of these organic disturbances from somewhat similar disorders of functional nature can be made and is necessary if correct treatment of these serious disorders is to be applied. The relation of the underlying pathologic processes to obstruction of the intestine in the newborn and to a generalized disease involving many organs in the body will be described. Application of these studies on infants and children to similar, and in part unrecognized, disturbances of nutrition in adults will be stressed. A logical classification summarizing present knowledge of the nature and diagnostic characteristics of these organic digestive disturbances with specific indications for their treatment will conclude the paper.

### 11:00 "Penicillin in the Treatment of Syphilis"

S. WILLIAM BECKER, M.D., Chicago, Illinois

Clinical Professor of Dermatology, University of Chicago.

Penicillin has been used (under the auspices of the Committee on Medical Research—Office of Scientific Research and Development, and the National Research Council) in the treatment of syphilis in rabbits in research institutes and in human beings in treatment centers throughout the United States. Early research was carried out for evaluation of various systems of treatment for early syphilis. The work was later expanded to include treatment of patients with various types of late syphilis. Treatment has been carried out by means of penicillin alone and in combination with other agents, such as mapharsen. Sufficient time has not elapsed to permit final evaluation, but encouraging results have been obtained, which will be presented.

### 11:30 End of Seventh General Assembly

HALF-HOUR INTERMISSION TO VIEW EXHIBITS

## PROGRAM of SECTIONS

### Friday

September 29, 12:00 to 1:30 p.m. (luncheons)

#### SECTION ON GENERAL MEDICINE

Chairman: CHARLEY J. SMYTH, M.D., Eloise

Secretary: JOHN D. LITTIG, M.D., Kalamazoo

#### (a) "Recent Advances in the Treatment of Syphilis" (20 min.)

ARTHUR C. CURTIS, M.D., Ann Arbor

Professor of Dermatology and Syphilology, University of Michigan.

Serologic tests used in syphilis are not specific. During recent years, as these tests have been made more sensitive, their dependability to diagnose syphilis has decreased in about the same proportion. There are at least 45 diseases known which will produce false positive reactions. As a result the interpretation of serologically positive tests today is a problem of great importance to the physician in order to prevent the diagnosis and treatment of syphilis in those who do not have the disease.

Since the valuable contribution on the course of untreated syphilis reported by Bruusgaard and the rather extensive studies on the effect of various amounts of treatment in the prevention of central nervous system and cardiovascular syphilis reported from the Johns Hopkins Group, our knowledge of the natural history and prognosis of syphilis has been considerably extended. The introduction of new drugs (Phenylarsine-oxy-hydrochloride penicillin) for the treatment of syphilis and the results of the use of these drugs in the form of intravenous drip and multiple injections in the treatment of acute and late syphilis and syphilis in pregnancy will be discussed.

#### (b) "What We Have Learned About Aviation Medicine" (20 min.)

CHARLES J. CLARK, M.D., Flight Surgeon, Willow Run, Michigan, and HARRY BRITTON, M.D., Assistant Flight Surgeon, Willow Run, Michigan

The subject of Aviation Medicine should have a strong appeal, not only to those specifically interested in this subject as a specialty but also to regular medical students and to those engaged in the program of general medicine. At the present time, between two and three millions of our population take to the air each year and the time has come when no physician can remain totally ignorant of the effect of flying on the human organism, and at the same time be prepared to intelligently advise, treat, or examine those interested in flying whether it be as pilot or as a passenger. In certain circumstances aerial environment may be more deadly than any plague and every properly-trained physician should possess a general knowledge of aviation medicine.

## THE 79TH ANNUAL SESSION

tion medicine just as he possesses a general knowledge, of other special fields of medicine. The advances in aviation medicine have been so rapid in recent years that it is almost impossible not to overlook valuable contemporary work. It should be borne constantly in mind that aviation medicine, which has heretofore been regarded as a rather disconnected collection of parts of several other medical specialties, should now be presented as a distinct and special entity in itself.

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### SECTION ON PEDIATRICS

#### Grill Room

Chairman: JOS. A. JOHNSTON, M.D., Detroit  
Secretary: MARK F. OSTERLIN, M.D., Traverse City

#### "A Preventive Medical Program as Applied to Pediatrics"

CHARLES A. ALDRICH, M.D., Rochester, Minn.

*Professor of Pediatrics, Graduate School, University of Minnesota; Director, Preventive Medicine in Pediatrics, Mayo Clinic.*

A complete preventive medical program for children must take into account not only the purely physical welfare of youngsters, but also their emotional and mental growth. This is true because it is impossible to separate the two in clinical medicine. How habit formation proceeds in such basic functions as eating, sleeping and eliminating will, of necessity, influence the child's emotional reactions as well as his physical well-being.

If a medical program could be devised which would attain our objectives from a health standpoint and at the same time co-operate with the child's natural developmental plan, we might look forward to a new type of individuality in our children. This is related to the development of a co-operative citizenry which a democracy so evidently needs.

The plan of the Rochester Child Health Project is outlined.

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### SECTION ON DERMATOLOGY AND SYPHILOLOGY

#### Furniture Assembly Room

Chairman: WM. G. WANDER, M.D., Detroit  
Secretary: RUTH HERRICK, M.D., Grand Rapids

#### "A New Interpretation of Some So-called Positive Patch-Tests, with Special Reference to Metals Used in Industry"

S. WM. BECKER, M.D., Chicago

The patch-test consists of application of chemical substances directly onto the skin, to imitate as nearly as possible contact which a person may have made with such substances in occupations, industry, or in the ordinary walks of life. A positive result is characterized by erythema, edema, vesiculation, exudation and crusting, a reaction due to epidermal hypersensitiveness to the substance, as seen in the vesicular reaction to poison ivy extract. Certain metals, notably nickel and chromium in their various compounds, occasionally produce reactions characterized by erythema, severe edema, follicular involvement and secondary vesiculation. An interpretation of the significance of such reaction is presented and industrial implications are discussed.

## FRIDAY AFTERNOON September 29, 1944

### Eighth General Assembly

Black and Silver Ballroom, Civic Auditorium

V. M. MOORE, M.D., Presiding

L. FERNALD FOSTER, M.D., and JOSEPH A. JOHNSTON, M.D., Secretaries

P. M.

#### 2:00 "What a Modern Army Health Service Should Be"

BRIGADIER J. C. MEAKINS, M.D., Montreal, Canada

*Professor of Medicine, McGill University  
Faculty of Medicine, Montreal, Quebec,  
Canada*

The orthodox concept that an Army Medical Corps is primarily concerned with the prevention of communicable diseases and the curing and healing of specific lesions and injuries is far too restricted. Unfortunately the greater part of the officer personnel are imbued with this idea as it is fostered by the traditional principles of medical education and the requirements of licensing bodies. It is not fully appreciated nor practised that the Army comprises a selected group each member of which is presumably above a certain minimum standard of physiological and psychological fitness. It is the duty of the Medical Corps to provide a Health Service in its broadest meaning and therefore must deal with soldiers from the anatomical, physiological, psychological and social points of view, always bearing in mind that he is being trained to fulfill a role entirely foreign to that of civil life.

#### 2:30 "Obstetrical Hemorrhages"

FREDERICK H. FALLS, M.D., Chicago, Illinois

*Professor of Obstetrics and Gynecology,  
University of Illinois.*

Obstetrical hemorrhage may be divided into three main groups: anti partum, post partum and miscellaneous hemorrhages.

Placenta previa presents special problems in management due to the period of gestation at which hemorrhage occurs, and effect on the baby of normal delivery because of abnormal anatomical relationships between the placenta and uterus.

Premature detachment of the placenta creates special problems because of the damage to the uterine muscle produced in some cases by over-distention.

Post partum hemorrhage presents a problem in differential diagnosis of the cause of hemorrhage, and application of the proper remedy without undue delay.

Miscellaneous hemorrhages caused by blood dyscrasias, cervical cancer, tears of perineal arteries and cervical polyps are discussed individually.

#### 3:00 "Advance in the Prevention and Treatment of Poliomyelitis"

JAMES L. WILSON, M.D., New York, N. Y.

*Professor of Pediatrics, New York University; Chief of Bellevue Children's Medical Service; Associate Editor, Am. Journal of Diseases of Children.*

Newly-acquired knowledge regarding the dissemination of the virus of poliomyelitis suggests no effective method for preventing its spread and makes our traditional public health procedures appear even more futile.

No inoculum has been invented which effectively increases resistance to the virus, although encouraging animal experiments have been carried out.

During the past few years discussions of treatment have been dominated by the Kenny physiotherapy technique. This method has been widely but uncritically accepted without even quantitative clinical observations, to say nothing of controlled clinical researches, having been carried out. It is unfortunate, particularly in dealing with poliomyelitis, that physicians and institutions could not have withstood the pressure for publicity until proper studies were made. Time-supported opinion seems progressively pessimistic regarding the results of the Kenny technique.

The theory behind the Kenny technique, developed apparently in retrospect after almost fetish-like details had been established, although physiologically and pathologically naive has, however, stimulated many researches which will prove of great value.

#### 3:30 Half-hour Intermission to View Exhibits

#### 4:00 FIVE DISCUSSION CONFERENCES WITH GUEST ESSAYISTS (See page 794)

#### 5:00 End of Eighth General Assembly

#### END OF SCIENTIFIC SESSION

## SCIENTIFIC EXHIBITS

### I. Committee on Cancer Control, MSMS, and Michigan Department of Health

#### "EARLY DIAGNOSIS OF CANCER"

This exhibit shows the family physician what he can and should do in examining his patients for cancer. A panel of instruments used in the examination, and charts of what can be seen, felt, and heard, early signs of cancer, and percentage of curability in early and late stages, are shown. A descriptive pamphlet is available.

### II. Michigan Anesthesia Society

#### "THE DEVELOPMENT OF ANESTHESIA MACHINES FOR THE USE OF NITROUS OXIDE"

A tribute to Horace Wells, the first to use nitrous oxide anesthesia. An exhibit on the development of anesthesia machines for the use of nitrous oxide by diagrams showing the fundamental principles involved in the evolution of our modern gas machine.

### III. Michigan Crippled Children Commission

#### "CRIPPLED AND AFFLICTED CHILD PROGRAM"

Maxwell Reynolds, member of the Crippled Children Commission, will exhibit and demonstrate the simple emergency type of respirator which he devised in 1939 to meet the respirator problem that confronted the Northern Peninsula during the poliomyelitis epidemic. The Commission will also exhibit photographs of plastic surgery cases showing the highly successful results of surgical treatment available through the Commission. Charts and graphs of services and costs will also be displayed.

### IV. Pinecrest Sanatorium, Powers, Michigan, and Michigan Tuberculosis Association

#### "A COMPARISON OF GASTRIC ASPIRATION WITH OTHER METHODS FOR DISCOVERY OF TUBERCLE BACILLI IN THE SPUTUM"

Exhibit presenting a study of 120 patients with a clinical diagnosis of pulmonary tuberculosis and negative routine slide examinations. An attempt to determine the relative value of laboratory procedures, i.e., the direct smear, concentrate of seven-day sputums and gastric aspiration in detecting *Mycobacterium tuberculosis* has been made.

### V. Eloise Hospital and Infirmary, Eloise, Michigan

#### "DIAGNOSTIC METHODS IN TRICHINOSIS"

Exhibit illustrating the various laboratory diagnostic methods in trichinosis. The projection of live trichina larvae on the screen by means of a microvivarium will be demonstrated.

### VI. Michigan Department of Health

#### "RAPID TREATMENT OF VENEREAL DISEASE"

The exhibit of the Bureau of Venereal Disease Control, Michigan Department of Health, will consist chiefly of photographs and illustrations of the Michigan Rapid Treatment Center, including facilities available, techniques of treatment used and posters outlining schedules of treatment and eligibility requirements for admission. A portion of the space may be devoted to the general V. D. Control Program.

### VII. Michigan Department of Health

#### "SALMONELLA"

The salmonella exhibit will be designed to familiarize the medical profession with the more than 100 type specific enteric bacteria in the *Salmonella* group. It will consist of charts showing the type name and the antigenic structure of the many salmonellae. During the past year the Bureau of Laboratories of the Michigan Department of Health has made a *Salmonella* Typing Station available to the physicians of Michigan. The Bureau of Epidemiology of the Michigan Department of Health is prepared to give epidemiological service in relation to this whole group of paratyphoid organisms.

### VIII. American Medical Association, Chicago

#### "DIETARY DEFICIENCY DISEASES"

The results of the various vitamin, protein, calcium and iron deficiencies are shown by means of colored transparencies. The contribution of selected servings of food to the daily requirements of the dietary essentials are depicted in graphic form. A pamphlet will be distributed.

### IX. Wayne University College of Medicine, Detroit

#### "OPERATIVE MANAGEMENT OF TRAUMATIC INTRACRANIAL HEMORRHAGE"

A pictorial discussion of epidural, acute and chronic subdural, massive intracranial hemorrhage, and subdural collection of spinal fluid. Diagnostic criteria and operative technique will be shown by means of transparencies.

#### "STRAIN DIFFERENCES IN RESPONSE TO DIETHYLSTILBESTROL AND THE PRODUCTION OF BREAST CANCER IN THE RAT"

Significant differences were observed in the frequency of occurrence of pituitary adenomata, bladder papillomata, and calculi, and breast cancer in three inbred strains of rats following the implantation of pellets of diethylstilbestrol. Differences in mean adrenal and pituitary weights were observed eight weeks after daily graded injections of diethylstilbestrol in sesame oil.

### X. Wayne University College of Medicine, Detroit

#### "THE TREATMENT OF THERMAL BURNS"

The exhibit on burns will be composed of posters and kodachrome transparencies. It is arranged to emphasize the four primary objectives of burn treatment, namely: (1) The prevention or control of infection from the time of injury to the time of complete reepithelization of the burned area; (2) the prevention or control of infection; (3) the maintenance of adequate nutrition; (4) the prevention of scars and contractures. A portion of the work shown is from the Henry Ford Hospital, Detroit.

### MICHIGAN PATHOLOGICAL SOCIETY

The Michigan Pathological Society will meet in Grand Rapids on the occasion of the Annual Session of the Michigan State Medical Society.

The pathologists have arranged a program for Wednesday, September 27, in the Grill Room of the Pantlind Hotel, beginning with luncheon with the Section on Pathology at 12:00 noon. The scientific program will be presented between 2:00 and 4:00 p.m., in the Grill Room, followed by the MSMS discussion conference on pathology.

Dinner will be served at the Blodgett Memorial Hospital at 6:00 p.m. with the final meeting of the Society at 7:30 p.m., at the hospital.

M. O. Alexander, M.D., Blodgett Memorial Hospital, Grand Rapids, is in charge of arrangements.

## — Technical Exhibits —

### **Abbott Laboratories** North Chicago, Illinois

**Booth E-6**

Abbott representatives J. J. McBrady and D. E. Ziegenbein will be in attendance and will welcome exchanging notes with you regarding the wide variety of Abbott products on exhibit here. A number of new items have been added since last we attended the Michigan State Medical meeting so be sure to view this display.

### **A. S. Aloe Company** St. Louis, Missouri

**Booth D-13**

A. S. Aloe Company, Booth No. D-13, are showing a cross-section of their complete line of surgical and laboratory instruments and supplies. Featured will be American made stainless steel surgical instruments and such laboratory specialties as the Goth Kit for determination of sulfonamide concentration in blood and the new Somogyo Sugar Urine Comparator. Messrs. T. T. Boufford and H. J. Benedict, Aloe Michigan representatives, will be in charge of the booth.

### **The Baker Laboratories** Cleveland, Ohio

**Booth B-2**

Physicians are cordially invited to see a demonstration of a time-saving method for feeding infants in the hospital and at home. Baker's Modified Milk, a modern, highly nutritious food for infants will be featured in the display. Melcose, a completely prepared milk, and Melodex (maltose and dextrin) will also be exhibited. Our representatives will be in attendance to welcome you and explain the special advantages of Baker's infant foods.

### **Bard-Parker Company, Inc.** Danbury, Connecticut

**Booth C-17**

The following products will be exhibited at the Bard-Parker Booth No. C-17: Rib-Back Blades, Long Knife Handles for deep surgery, Renewable Edge Scissors, Formaldehyde Germicide and Instrument Containers, Transfer Forceps, Hematological Case for obtaining bedside blood samples.

### **Barry Allergy Laboratories, Inc.** Detroit, Michigan

**Booth C-7**



Carpule intradermal and speedy scratch testing equipment will be featured and technique regarding their use explained. The co-ordination of skin test reactions and a history toward the preparation of desensitization material will be displayed and explained by Mr. A. W. Barry.

### **W. A. Baum Company, Inc.** New York, New York

**Booth E-7**

The Lifetime KOMPAK and 300 MODEL Baumanometers cased in Duralumin as formerly and the STANDBY Model made of magnesium are again available. Increased production has resulted in the release of some of these critical metals for this use. All of these Models and a complete line of new replacement parts, will be on display in their Booth No. E-7.

### **Becton Dickinson & Company** Rutherford, New Jersey

**Booth C-3**

Featured in Becton, Dickinson's booth will be the Yale-Lok Syringe and the Yale Rustless Needle with new Huber point, specially designed to penetrate smoothly without cutting tissue plugs and with minimum laceration of tissue—less seepage, less pain.

### **Ernst Bischoff Company, Inc.** Ivoryton, Connecticut

**Booth E-15**

In our exhibit we shall feature Lobelin Bischoff, respiratory stimulant and resuscitant in asphyxia neonatorum; Anayodin, an effective, nontoxic amebicide; Diatussin and Diatussin Syrup, antispasmodic; Activin, a foreign protein for non-specific therapy; Viscysate, for the symptomatic relief of hyper-

tension; Sas-Par, antipruritic, oral treatment for psoriasis.

### **The Borden Company** New York, New York

**Booth C-8**



Visit Booth C-8 and learn about Borden's infant foods. Biolac in the new 13-ounce wartime tin . . . New Improved Dryco affording quicker solubility, lower cost, and increased vitamin potencies . . . Mull-Soy, the emulsified soy bean food for milk allergic patients . . . Borden's Beta Lactose, nature's carbohydrate in an improved, readily soluble form . . . Also Klim and Merrell-Soule Powdered Milks.

### **Burroughs Wellcome & Co. (U.S.A.) Inc.** New York, New York

**Booth C-22**



BURROUGHS WELLCOME & CO., New York, presents a representative group of fine chemicals and pharmaceutical preparations, together with new and important therapeutic agents of special interest to the medical profession.

### **Camel Cigarettes** New York, New York

**Booths A-12, A-13**

CAMEL Cigarettes will exhibit large detailed photographs of equipment used in comparative tests of the five largest-selling brands of cigarettes. Representatives will be available to discuss research. Trans-Lux News will be supplied throughout the meeting.

### **Cameron Heartometer Company** Chicago, Illinois

**Booth B-7**

THE CAMERON HEARTOMETER COMPANY is showing the improved Heartometer, a scientific precision instrument for accurately recording systolic and diastolic blood pressures. It also furnishes a permanent graphic record of the pulse rate, the nervous functioning of the heart, the myocardial response, as well as the functioning of the valves. The Heartometer clearly reveals heart disturbances in both early and advanced stages and is of great value in checking the progress of medication and treatments.

### **Cameron Surgical Specialty Company** Chicago, Illinois

**Booth C-5**

See the Cameron Flexible Gastrosopes and Cavi-camera, the new Cameron Coagulo-Sigmoidoscope, Electro-Diagnostosets, Bronchoscopes-Esophagoscopes-Laryngoscopes, Binocular Prism Loupe, Mirrorlite Magniscope and other new developments in electrically lighted Diagnostic and Operating Instruments. Cameron Electro-Surgical Units will also be on display.

### **Carnation Company** Milwaukee, Wisconsin

**Booth E-9**



You are invited to visit the Carnation Company booth, No. E-9, where you will find presented some interesting information on the various uses of Irradiated Carnation Milk for infant feeding, child feeding and general diet purposes. Valuable literature will also be available for distribution.

### **Ciba Pharmaceutical Products, Inc.** Summit, New Jersey

**Booth A-4**



Ciba invites you to visit its display at Booth No. A-4. Among the products displayed will be PRIVINE, as nasal vasoconstrictor; METANDREN LINGUETS, a potent androgen for oral use; NUPERCAINE, a spinal anesthetic; VIOFORM, a non-irritating antiseptic and many others. Drop in and discuss these products with our representatives who will be ready to answer any question you may have.

## TECHNICAL EXHIBITS

### The Coca-Cola Company Atlanta, Georgia

Coca-Cola will be served to members with the compliments of the Coca-Cola Company.

Booth A-11

### Cottrell-Clarke, Inc. Detroit, Michigan

Booth No. D-17

To enable medical men in these busy war days to extend their services to more and more patients, Michigan's progressive case record house of Cottrell-Clarke, Inc., Detroit, are showing, not only the latest of their newer labor saving case record developments, but also various ideas in patients' appointment systems and other office procedure.

### Cream of Wheat Corporation Minneapolis, Minnesota

Booth E-5



In booth No. E-5, both "Enriched 5-Minute" and "Regular" CREAM OF WHEAT will be on display. "ZING!" stabilized Wheat Germ, will also be available for inspection. It is an economical, high vitamin germ that has been specially stabilized to prevent rancidity.

### Davis & Geck, Inc. Brooklyn, New York

Booth A-8 and Cinema Room

#### "This One Thing We Do"



Davis & Geck, Inc., will display its complete line of sterile surgical sutures, a comprehensive group unparalleled for meeting the rigid and varied requirements of leading surgeons in all fields. Among these are D&G Atraumatic sutures, Fine-Gauge catgut, Dermalon skin and tension sutures, a new line of products for use with Reese needles and many others. D&G products include every accepted material and approved size. As in previous years, a further feature of this exhibit will be a motion picture theatre in which a diversified and timely program of surgical films in full color will be presented daily. A representative from the laboratories will be in attendance at the booth and copies of the new D&G Suture Manual and other interesting booklets will be available. In charge—Fredrick A. Geck.

### DePuy Manufacturing Company Warsaw, Indiana

Booth E-14

Fracture Appliances and the Lambotte Fixateur—external fixation appliance for compound fractures of the long bones, will be explained by our representative, Mr. Chas. F. Klingel.

### Detroit Creamery Company Detroit, Michigan

Booth D-15



The Sealtest display represents the milk and ice cream plants in Michigan affiliated with Sealtest, Inc., and National Dairy Products Corporation. Mr. Leonard, of the Arctic Ice Cream plant, Grand Rapids, and Mr. Fudge, of the Grand Rapids Creamery, will be in charge of the exhibit.

### Dobo Chemical Corporation New York, New York

Booth D-7

The Auragan Exhibit consists of a model of the human auricle four feet high together with a series of twenty-four three-dimensional ear drums, modeled under the supervision of outstanding otologists. Each of these drums depicts a different pathologic condition based upon actual case observation and prepared, in so far as possible, with strict scientific accuracy so as to be highly instructive and interesting to all physicians.

### Duke Laboratories, Inc. Stamford, Connecticut

Booth A-10

At Booth A-10, Duke Laboratories, Inc., will have on display their stretchable, cotton-woven, adhesive-surface bandages and compresses, Elastoplast and Mediplast, used by practically every large defense plant in the country. There will also be on display Aquaphor, Nivea Creme, Nivea Skin Oil, Basis Soap and Tecto.

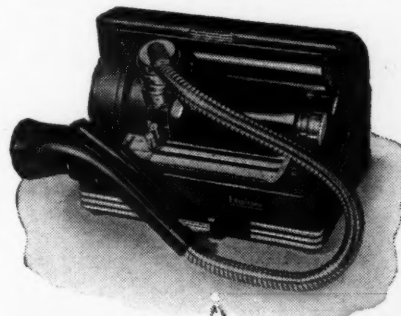
### E & J Resuscitator Company Detroit, Michigan

Booth No. D-4

The E. & J. Resuscitator—Used in all cases of extreme shock, asphyxia, drownings, heart attacks, its application is simple. Instrument adjusts itself to any size lung, especially in the resuscitating of newborn, thereby eliminating the human element and saving precious moments in an emergency. This Resuscitator operates on a fixed pressure and the volumes are variable.

### The Ediphone Company Grand Rapids, Michigan

Booth D-19



The Ediphone Company extends a cordial invitation to all physicians to visit the display of Ediphone equipment. See the new Edison Electronic Voicewriter, also Miracle Model Voicewriter, manufactured by Edison, who invented and perfected sound recording. Stop

in for demonstration and to learn how we are helping the Medical Profession in this crisis.

### Ethicon Suture Laboratories New Brunswick, New Jersey

Booth E-18

Tantalum wire sutures will be shown to physicians and surgeons visiting the Ethicon Suture Laboratories Exhibit.

Visitors at Booth E-18 will also be shown recent advances in nylon, cotton, gastro-intestinal, eye and cosmetic sutures.

Mr. M. C. Thompson will be in charge of the Booth.

### C. B. Fleet Company, Inc. Lynchburg, Virginia

Booth E-8

This exhibit will feature Phospho-Soda (Fleet), which has been an ethical product for over half a century. This is a pure, stable, aqueous concentrate of the two U. S. P. sodium phosphates. It is indicated in hepatic and gallbladder dysfunctions and whenever a thorough eliminating action is desired. It possesses rapidity and mildness of action, with marked absence of nausea, griping or tenesmus.

### General Electric X-Ray Corporation Detroit-Lansing-Grand Rapids

Booth A-7

We cordially invite the physicians and their families who attend this Annual Session to make use of the lounge facilities provided at our booth for their comfort. We particularly look forward to a visit from users of our equipment, and a cordial invitation is extended to all physicians who may have technical problems to discuss with our staff in attendance.

### Gerber Products Company Fremont, Michigan

Booth B-9



Gerber's CEREAL FOOD and STRAINED OATMEAL are enriched and precooked. We invite your inspection of the literature and the display of the Gerber Foods.

### Hanovia Chemical and Manufacturing Company Newark, New Jersey

Booth D-9

Hanovia Chemical and Manufacturing Company will exhibit a complete line of high-pressure self-lighting ultraviolet lamps for orificial and general body irradiation. A feature of the display will be the Hanovia Safe-T-Aire lamps for the destruction of air-borne bacteria. Our representatives will welcome your questions and interest in our product.

## TECHNICAL EXHIBITS

### J. F. Hartz Company Detroit, Michigan

Booths D-12, D-14

The J. F. Hartz Company is looking forward to again meeting its friends at the 1944 Michigan State Medical Postgraduate Conference. Our exhibit there will feature Hartz Laboratory controlled Pharmaceuticals as well as Physician and Hospital equipment and instruments.

### H. J. Heinz Company Pittsburgh, Pa.

Booth D-20

H. J. Heinz Company wishes to acquaint you with 11th edition NUTRITIONAL CHART, NUTRITIONAL OBSERVATORY and SPECIAL DIETARY FOODS BOOK. Special feature—YOUR BABY'S DIARY and CALENDAR. Physicians practicing pediatrics and those prescribing soft diets will be especially interested in Heinz Strained and Junior Foods and our new Pre-Cooked Cereal Food.

### Hoffman-La Roche, Inc. Nutley, New Jersey

Booth E-17

Pharmaceutical prescription specialties of rare quality, produced at Roche Park, where Vitamins are made by the ton, will be exhibited. Syntropan, the antispasmodic that is replacing Belladonna, will be a featured product. The medical profession's interest in the many uses of the versatile Prostigmin and other scientific accomplishments will be satisfied by Hoffman-La Roche representatives who will be in attendance to discuss clinical problems.

### Holland-Rantos, Inc. New York, New York

Booth B-15

A complete unit for contraceptive technique. Provides for patient comparison of Jelly and Cream. Contains, in a handsome case: Koromex diaphragm with special pouch; Koromex Trip Release Introducer (takes all sizes diaphragms); Tube Koromex Jelly (higher lubricating factor); Tube Koromex Cream (lower lubricating factor); Set Dickinson-Freret Fitting Charts.

### G. A. Ingram Company Detroit, Michigan

Booths C-2, C-4, C-6

The G. A. Ingram Company of Detroit will exhibit a complete line of surgical instruments in both stainless steel and chrome, as well as all available electrical appliances. Their representatives will be more than pleased to have you call and obtain information on both new and old items.

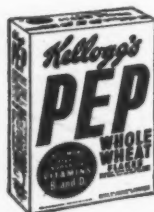
### "The 'Junket' Folks" Little Falls, New York

Booth B-13

In space B-13, "The 'Junket' Folks," Chr. Hansen's Laboratory, Inc. Enlarged photos illustrate the action of the rennet, enzyme in forming softer, finer milk curds. Free literature describes dietary uses of rennet-custards in infant, child, convalescent, or post-operative feeding. Home Economists, Faith Williams and Thelia Bock on duty. Complimentary package of "Junket" Rennet Powder and "Junket" Rennet Tablets presented to physicians who register.

### Kellogg Company Battle Creek, Michigan

Booth E-10



All Kellogg's ready-to-eat cereals contain valuable whole-grain nutrients. Corn Flakes and Rice Krispies, low fiber cereals, are indicated in wheat-free and low residue diets. All-Bran, containing only 8% actual fiber, contributes Vitamin B<sub>1</sub>, iron, and niacin to the diet. Kellogg's Pep whole wheat flakes is fortified with additional vitamins B<sub>1</sub> and D.

### A. Kuhlman & Company Detroit, Michigan

Booth D-8

A. Kuhlman & Co. will exhibit American Cystoscope Makers' cystoscopes and urological instruments and supplies, also C. R. Bard & Co.'s Bardex and Bardam catheters, etc., and a selected line of American-made surgical instruments. The exhibit will be in charge of Henry A. Kuhlman.

### Lea & Febiger Philadelphia, Pennsylvania

Booth C-10

At Booth C-10 Lea & Febiger will exhibit among their new works, Babcock's "Principles and Practice of Surgery," Donaldson's "Surgical Disorders of the Chest," Lewin on Bachache and Sciatica and new editions of Spaeth's "Ophthalmic Surgery," Rowe's "Elimination Diets and the Patient's Allergies," Simmons and Gentzkow's "Laboratory Methods of the United States Army," Bell's "Textbook of Pathology," Rhinehart's "Roentgenographic Technique," Craig and Faust's "Clinical Parasitology," Kraines' "Therapy of the Neuroses and Psychoses," Ballenger on the Nose, Throat and Ear, Ballenger's Manual, Boyd's "Textbook of Pathology," Ormsby and Montgomery on Diseases of the Skin, Levinson and MacFate's "Clinical Laboratory Diagnosis" and Gray's Anatomy.

### Lederle Laboratories, Inc. New York, New York

Booth E-1

At the Lederle Laboratories, Inc., exhibit, Michigan representatives of the organization will welcome their many Michigan medical friends. They will show their general biological and pharmaceutical line with special emphasis on Penicillin and Sulfonamide products.

### Libby, McNeill & Libby Chicago, Illinois

Booth D-22

Libby's Strained and Homogenized Baby Foods are featured at the Libby booth. Physicians are invited to stop and discuss new findings on the greater availability of iron and ease of digestion of Libby's Council-accepted foods for babies.

### Eli Lilly and Company Indianapolis, Indiana

Booth A-1

The Lilly exhibit will feature an anatomical model illustrating the techniques of caudal and spinal anesthesia. Lilly products will be on display, and medical service representatives will be present to assist visiting physicians in every possible way.

### J. B. Lippincott Company Philadelphia, Pennsylvania

Booth A-6

Showing the complete list of LIPPINCOTT SELECTED PROFESSIONAL BOOKS, with many new titles and new editions of old favorites, and the ever-new LIPPINCOTT JOURNALS. New items of special interest include—Bunnell: SURGERY OF THE HAND; Simmons-Wayne: GLOBAL EPIDEMIOLOGY; the American Edition of Fry: THE DENTAL TREATMENT OF MAXILLO-FACIAL INJURIES; Brown-McDowell: SKIN GRAFTING OF BURNS; Heuer: TREATMENT OF PEPTIC ULCER; Barach: PRINCIPLES AND PRACTICE OF INHALATIONAL THERAPY; Hotchkiss: FERTILITY IN MEN, and Siegler: FERTILITY IN WOMEN, and the new Twelfth Edition of LIPPINCOTT'S QUICK REFERENCE BOOK OF MEDICINE AND SURGERY.

### The Liquid Carbonic Corporation Wall Chemicals Division Detroit, Michigan

Booth D-5

The Medical Gas Division of the Liquid Carbonic Corporation will feature in their exhibit the following medical gases in various size cylinders: nitrous oxide, medical oxygen, ethylene, cyclopropane, carbon-dioxide, carbon dioxide-oxygen mixtures, etc., together with equipment for administering the same. Our representatives in attendance will be Mr. J. J. Esop and Mr. E. G. Madole.

### M & R Dietetic Laboratories, Inc. Columbus, Ohio

Booth C-19

M & R Dietetic Laboratories, booth No. C-19, will display Similac, a food for infants deprived either partially or entirely of breast milk; also powdered SofKurd. H. Behncke and L. A. MacDonald will appreciate the opportunity to discuss the merit and suggested application of these products.

## TECHNICAL EXHIBITS

### McKesson Appliance Co. Toledo, Ohio

Booth E-16

The McKesson Appliance Company invites you to come to its booth with your service problems. During the present emergency we advise careful upkeep of all your equipment, and if we can be of any help to you, do not hesitate to call upon us. We will display our equipment as usual.

### McNeil Laboratories, Inc. Philadelphia, Pennsylvania

Booth E-20

All members and guests of the Michigan State Medical Society are cordially invited to visit the McNeil Laboratories Booth No. E-20. In attendance will be trained representatives to describe interesting facts about Digitalis Duo-test and other outstanding products of McNeil research.

### Mead Johnson & Company Evansville, Indiana

Booths B-10, B-12

Servamus Fidem, means We Are Keeping the Faith. Almost every physician thinks of Mead Johnson & Company as the maker of Dextri-Maltose, Pabulum, Oleum Percomorphum, and other infant diet materials—including the new pre-cooked oatmeal cereal, Pabena. But not all physicians are aware of the many helpful services this progressive company offers physicians. A visit to Booths Nos. B-10 and B-12 will be time well spent.

### Medical Arts Surgical Supply Company Grand Rapids, Michigan

Booths C-9, C-11, C-12, C-14

The Medical Arts Surgical Supply Company of Grand Rapids will show in their exhibit the latest in medical furniture, short wave equipment, surgical pumps and surgical instruments. Those in attendance will be S. L. Lepard, M. J. Allen, R. V. Oosting, Ed Williams, George Klaver, and Harold Hadden.

In addition to this they will occupy a space showing their latest in laboratory items.

### Medical Case History Bureau New York, New York

Booth A-14

Representatives will demonstrate patient's history record charts for general practice and all specialties; also simple and efficient bookkeeping cards. Of special interest is the unique method by which interesting cases may be cross-indexed according to the disease, directly on the patient's history chart. A few minutes spent in this booth may prove to be a great timesaver in your office record system.

### Medical Film Guild New York, New York

Booth A-16 and Cinema Room

Medical Film Guild emphasizes its talking papers in this year's program of "MEDICAL FILMS THAT TEACH." Hospital and Medical Society program chairmen, now faced with depleted staffs because of the war emergency, who desire educational material for their meetings, find that Medical Film Guild's motion picture film textbooks answer that important problem. Through grants for postgraduate instruction, these films are available at no charge to any hospital or medical society meeting and to the medical services connected with the Armed Forces of the United States. Exhibition is also included at no charge under this plan. Subjects available are: INGUINAL HERNIOPLASTY, ASPHYXIA NEONATORUM, NONOPERATIVE TREATMENT OF PARANASAL SINUSITIS, OTITIS MEDIA IN PEDIATRICS, A CLINIC ON ACUTE MASTOIDITIS, OTOSCOPY IN THE INFLAMMATIONS, A CLINIC ON SIGMOID SINUS THROMBOSIS, A CLINIC ON PETROSITIS WITH MENINGITIS, PHARMACOLOGY OF RESPIRATORY STIMULANTS, AMEBIASIS AND ITS TREATMENT, A CLINIC ON OTITIC PURULENCIES.

### Medical Protective Company Fort Wayne, Indiana

Booth C-20

The most exacting requirements of adequate liability protection are those of the professional liability field. The Medical Protective Company, specialists in providing protection for professional men, invites you to confer, at their exhibit, with the representative there. He is thoroughly trained in Professional Liability underwriting.

### Mellin's Food Company Boston, Massachusetts

Booth E-13

The Annual Session of the Michigan State Medical Society affords an opportunity for the exchange of ideas and opinions relative to the feeding of infants and in regard to the preparation of nourishment for adults requiring restricted diet. Representatives of the Mellin's Food Company will be pleased to discuss the subject.

### Merck & Co., Inc. Rahway, New Jersey

Booth B-17

Physicians attending the 79th Annual Session of the Michigan State Medical Society are cordially invited to visit the Merck booth. Literature will be available on Merck Medicinal Specialties and also on penicillin, the vitamins, and the sulfonamides. If you are interested in an inhalation anesthetic for short operative procedures, ask about Vinethene. It produces rapid induction of anesthesia and rapid, complete recovery with infrequent nausea or vomiting.

### The Wm. S. Merrell Company Cincinnati, Ohio

Booth E-2

Members and guests are invited to stop for a copy of the interesting and instructive booklet, "Can Oral Vaccines Protect Against the Common Cold?" presenting a review of published reports on both sides of this timely question. Well-known Merrell prescription specialties will also be on display at the booth.



### Michigan Medical Service Detroit, Michigan

Booth E-22

Charts of progress of MMS for the past twelve months and total of four years of operation. Premiere showing of black ink on ledger. Description of possibilities for further extension of service. Description of handling of service reports received from doctors.

### C. V. Mosby Company St. Louis, Missouri

Booth B-11

New books and new editions to be displayed by the C. V. Mosby Company will include Dodson "Urological Surgery," Meakins "Practice of Medicine," Selling "Synopsis of Neuropsychiatry," Kuhn "Industrial Ophthalmology," Herrmann "Synopsis of Diseases of the Heart and Arteries," Titus "Management of Obstetric Difficulties," and Davison "Synopsis of Materia Medica, Toxicology and Pharmacology." Mr. Arthur Garbruck will be in attendance and glad to discuss your book needs with you.

### National Live Stock and Meat Board Chicago, Illinois

Booth E-19

A charming, illustrated nutrition book for children, entitled *You and Your Engine*, has just been published by the National Live Stock and Meat Board and is ready for distribution. This book, plus a new set of charts in full color, the Nutrition Yardstick and other educational literature, will be displayed in Booth No. E-19.

### Ortho Products, Inc. Linden, New Jersey

Booth D-11

Ortho's exhibit will feature their council-approved products for the control of conception. Booklets, reprints, etc., will be distributed, dealing with various methods. Ask for the recently-published, "Studies in Human Fertility," a scientific digest dealing with the many aspects of fertility control.

### Pet Milk Company St. Louis, Missouri

Booths C-16, C-18



A complete display of material illustrating the timesaving Pet Milk services available to physicians. Specially-trained representatives will be in attendance to give you information about the production of Pet Milk and its use for infant feeding. Miniature cans will be given to physicians visiting the exhibit.

## TECHNICAL EXHIBITS

**Parke, Davis & Company**  
Detroit, Michigan

**Booths D-1, D-3**



You will find displayed at the PARKE-DAVIS BOOTH many outstanding Pharmaceuticals and Biologicals. Included in this Technical Exhibit are such noteworthy products as PHEMEROL, a new type of germicide and antiseptic; ADRENALIN PREPARATIONS; MAPHARSEN; THEELIN; DESPECIATED ANTITOXINS; also other therapeutic agents of current interest. You are cordially invited to visit this Exhibit.

**Philip Morris & Co. Ltd., Inc.**  
New York, New York

**Booth B-8**



Philip Morris & Company will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject, and problems on the physiological effects of smoking.

**Picker X-Ray Corporation**  
New York, New York

**Booth D-2**

Picker X-Ray Corporation will show the U. S. Army Field Unit. This unit has been dropped by parachute and also has been floated ashore for use in remote theatres of the present World War. Picker will also show a complete line of x-ray accessories.

**Pitman-Moore Company**  
Indianapolis, Indiana

**Booth E-12**

The Pitman-Moore exhibit will feature a variety of pharmaceutical and biological products, including a number which are seasonable during the fall and early winter. Detail men from the Michigan area and personnel from the research and production laboratories will be on hand to answer questions.

**Procter & Gamble Company**  
Cincinnati, Ohio

**Booth C-13**



The makers of Ivory Soap, Procter & Gamble, will occupy Booth C-13. You are invited to stop at the exhibit and receive a free sample of Ivory Soap, a copy of the booklet "The Story of Soap," and a reprint of an article "Tests for Mildness of Soap." Also, Procter & Gamble will be glad to supply you with a quantity of the booklet "Bathing Your Baby—The Right Way," which is proving to be a time-saver for doctors and nurses, and a real help to new mothers.

**Professional Management**  
Battle Creek, Michigan

**Booth D-6**



"A Complete Business Service For The Medical Profession." Eleven years of service to Michigan Doctors featuring business counsel, tax advice and planning of record systems.

**Radium Emanation Corporation**  
New York, New York

**Booth E-3**

The Radium Emanation Corporation (Booth E-3) will display Removable and Permanent Radon Seeds, implanters and other up-to-the-minute Radon and Radium applicators for Cancer-therapy. The new Ametal Rubber Inverted T-tube and improved Pesary (Regaud technique in Cervix Carcinoma), and the new nasopharyngeal applicators will be demonstrated.

**Randolph Surgical Supply Company**  
Detroit, Michigan

**Booth A-9**

Randolph Surgical will again display unusual and distinctive equipment, as manufactured by the countries' leading manufacturers—our representatives who will be happy to serve you will be—Ted Ward, J. J. Mueller, and Cliff Randolph.

**Riedel-de Haen, Inc.**  
New York, New York

**Booth E-11**

The Riedel-de Haen, Inc., exhibit at booth No. E-11 will display Decholin, a hydrocholeretic, Degalol, a choleric, and Cholmodin, a laxative agent. Physicians are cordially invited to discuss with our representatives the wide therapeutic applications of these chemically-pure bile acid products.

**W. B. Saunders Company**  
Philadelphia, Pennsylvania

**Booth A-2**

This publishing house will exhibit their complete line of books. Included among the new and important books to be shown are: Bockus' 3-volume work on "Gastro-enterology," 5th edition of Christopher's "Minor Surgery," Erich & Austin's "Traumatic Injuries of Facial Bones," Hoffman's "Female Endocrinology," Moll's "Aesculapius in Latin America," Orr's 1-volume "Operations in General Surgery," Pullen's "Medical Diagnosis," the (20th) edition of the illustrated Medical Dictionary, new (3rd) edition of Stokes' "Syphilology," 1944 Mayo Clinic Volume, Lundy's "Anesthesia," Wharton's "Gynecology and Female Urology," the Military Medical and Surgical Manuals, Official U. S. Public Health Service Industrial Hygiene Manual, Stieglitz' "Geriatrics," Weiss & English's "Psychosomatic Medicine," and many others.

**Schenley Laboratories, Inc.**  
Lawrenceburg, Indiana

**Booth D-10**

Schenley Laboratories, Inc., will show an interesting and informative exhibit portraying the clinical indications and administration of Penicillin Schenley. Included are color photographs of patients successfully treated. A series of pictures illustrates the manufacture, standardization, and testing of Penicillin Schenley at the Laboratories at Lawrenceburg, Indiana.

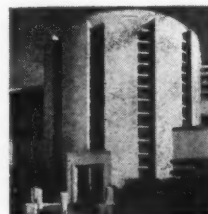
**Schering Corporation**  
Bloomfield, New Jersey

**Booth E-21**

Schering Corporation, in line with their policy of bringing out the latest in endocrine research, is featuring the new estrogenic product—ESTINYL Tablets. ESTINYL, a derivative of the natural hormone alpha-estradiol, is most economical and is orally effective in dosage of .02 and .05 mg. It produces very little nausea and toxic side effects. Other Schering preparations on display will be ORETON-F Pellets, ORETON, ORETON-M Tablets, PROGYNON-B, PRANONE, PROLUTON, and CORTATE, and the diagnostic products for X-ray—NEO-IOPAX and PRIO-DAX.

**G. D. Searle & Company**  
Chicago, Illinois

**Booth A-3**



G. D. Searle & Co. will show a number of the new products of Searle Research which has contributed so much to the recent armamentarium of the physician. Products such as Searle Aminophyllin, Metamucil, Ketochol, Furmerane, Floraquin, Gonadophysin, Tetrathione, and Pavarine are results of this research which has been greatly expanded in the new Searle Research Laboratories. An illustration of the new Laboratories will be features in the exhibit.

## TECHNICAL EXHIBITS

### Scientific Sugars Company Columbus, Indiana

Booth C-1

Scientific Sugars Co., Booth No. C-1, will display Cartose, Hidex and the Kinney line of nutritional products. The company representatives will be in attendance for the purpose of serving the physicians that stop at the booth.

### Sharp & Dohme, Inc. Philadelphia, Pennsylvania

Booth D-21

Sharp & Dohme will have their display at Booth No. D-21 featuring their new sulfonamide, "Sulfamerazine," and also "Sulfasuxidine," "Lyovac" Normal Human Plasma, Tyrothricin Concentrate for human use, "Depropanex," "Delvinal" Sodium, "Propadrine" Hydrochloride products and "Lyovac" Tetanus Antitoxin Bovine. Our representatives, Messrs. R. L. Moser, A. C. Edmunds and R. K. Fiddes, will be on hand to welcome all visitors and furnish information on Sharp & Dohme products.

### Smith, Kline & French Laboratories Philadelphia, Pennsylvania

Booth E-4

Benzedrine Sulfate Tablets and Pragmatar are featured at this exhibit. The potent central nervous stimulation of benzedrine sulfate offers, throughout a wide range of application, "a therapeutic rationale which, in its very efficiency, cuts across the old categories." Pragmatar—a significant improvement in tar-sulfur-salicylic acid ointments—is highly effective in an unusually wide range of common skin disorders, including subacute and chronic eczemas; subacute and chronic fungous infections; psoriasis; seborrheic affections; pityriasis rosea; etc. Our especially-trained professional representatives will be glad to discuss with you the potentialities and possible indications of our products in your own practice.

### Spencer Incorporated New Haven, Connecticut

Booth C-15

You are cordially invited to visit our exhibit, featuring individually-designed support for abdomen, back and breasts. Doctors will be especially interested in the scientific service for patients who have undergone mastectomy, and in the spinal support as an aid to treatment of ruptured disc and other back derangements. Supports for hernia, visceroptosis with symptoms, postoperative, obesity, maternity and post-partum are also on display.

### E. R. Squibb & Sons New York, New York

Booth B-4

Physicians attending the Michigan State Medical Society meeting are cordially invited to visit the Squibb Exhibit, Booth No. B-4. Several new items will be shown. Among them is intocostin, the standardized Purified Curare Extract now widely used to soften convulsion in shock therapy; a new, highly useful therapeutic multi-vitamin preparation; a sulfathiazole-ephedrine-derivative combination for ophthalmic use. Information on new products useful in venereal disease therapy and control will also be available.

### Frederick Stearns & Company Detroit, Michigan

Booths B-3, B-5

Doctors are cordially invited to visit our attractive convention booth to view and discuss outstanding contributions to medical science developed in the Scientific Laboratories of Frederick Stearns & Company.

Our professional representatives will be pleased to supply all possible information on the use of such outstanding products as Neo-Synephrine Hydrochloride for intranasal and ophthalmologic use, Neo-Synephrine Sulfathiazolate, Amino Acids (Paranamine) for parenteral and protein feeding, Mucilose for bulk and lubrication, Fergon (Ferrous Gluconate), Gastric Mucin, Susto, Trimax, Appella Apple Powder, Nebulator with Nebulin A, and our complete line of Vitamin products.

### William R. Warner & Co., Inc. New York, New York

Booths D-16, D-18

William R. Warner & Co., Inc., will exhibit its extensive line of specialty pharmaceuticals, including several new preparations of interest to physicians engaged in general and specialized practice.

### Westinghouse Electric & Manufacturing Co. Pittsburgh, Pennsylvania

Booth A-15

Westinghouse Electric & Manufacturing Company will exhibit an eight-section illuminator, in which will be mounted translight illustrations of the latest equipment for fluorescence and radiography. No physical exhibit of actual equipment will be made but Westinghouse x-ray application engineers will be in attendance to discuss present and postwar equipment problems.

### White Laboratories, Inc. Newark, New Jersey

Booth B-6

At the White Laboratories, Inc., booth No. B-6, you will find complete information regarding White's Sulfathiazole Gum—one of the latest developments in the field of oropharyngeal chemotherapy. White's "Diagnostic Aids to Vitamin Deficiency States" will also be available. Review the latest clinical reports on the results of the use of White's Vitamin A and D Ointment in the treatment of burns, abrasions and indolent ulcers. This is a product which you will undoubtedly find of great interest.

### Winthrop Chemical Co., Inc. New York, New York

Booth B-1

Winthrop Chemical Company, Inc. has available a number of interesting and highly-informative booklets; ask particularly for your copy of Penicillin and Annotated Bibliography.

### Wyeth Incorporated Philadelphia, Pennsylvania Bovine Company Reichel Laboratories John Wyeth & Brother

Booths B-14, B-16, B-18, B-20

The Wyeth display will graphically illustrate allergy and peptic ulcer diagnosis, treatment of constipation, and a new method of evaluating the physical fitness of the adolescent. Pharmaceutical, biological, and nutritional representatives will be in attendance.

### Zimmer Manufacturing Company Warsaw, Indiana

Booth A-5

The Zimmer Manufacturing Company will exhibit a full line of splints and bone instruments. The Corbett Finger and Thumb Splints, and also the new Stryker Screw Driver will be featured among the new items on display. Complete demonstrations of the Zimmer Reduction-Retention Apparatus will be given upon request, and pictures showing the results of its use will be on display.

## Be Sure to Visit EVERY BOOTH

## There Is Much That Is New and Interesting

To our business friends in the Technical Exhibit, the Michigan State Medical Society expresses sincere thanks for their splendid cooperation and very tangible contribution to the great success of the 1944 Conference.

## ANNUAL REPORT OF THE COUNCIL

### ANNUAL REPORT OF THE COUNCIL—1943-44

The Council met three times and the Executive Committee met nine times (up to September 24, 1944), a total of twelve meetings since last September's Annual Session of the State Society. As in the past, all the business of the Society—including matters studied and recommendations made by its twenty-eight Committees—was referred routinely to The Council or to its Executive Committee for consideration, approval, and action.

#### Membership

Members of the State Society as of July 31 and as of December 31, from 1935 to 1944, are indicated in the following chart:

	1944	1943	1941	1939	1937	1935
7/31	4,715	4,661	4,403	4,255	3,757	3,410
12/31		4,786	4,621	4,425	3,963	3,653

The figures for 1944 include 3,522 Active Members, 51 Emeritus and Retired Members, and 1,142 Military Members. Members in military service are accorded full membership privileges in the State Society and their dues are remitted.

#### Finances

At the meeting in September, 1943, of the Michigan State Medical Society House of Delegates, a \$10.00 assessment was levied to create a public relations fund. All of the money so collected has been held for that purpose and a detailed account of all expenditures will be made in a separate report.

The usual audit by Ernst & Ernst for the fiscal year was made. They made some suggestions and concluded that as a whole the Society was in a sound financial condition, and was being well managed.

We must expect a further curtailment of funds because still more of our members are leaving for the armed services.

The Council believes that a great deal of the credit for the sound investments should go to the Treasurer. Any member interested in a detailed report of the finances will be welcomed at the headquarters, 2020 Olds Tower, Lansing, Michigan.

#### The Journal

Some changes have been made in the personnel of the Publication Committee during the past year due in part to the resignation of the chairman, Roy C. Perkins, M.D., who had proved to be a very capable leader in the publication of The Journal. It is with regret we have to note his retirement from this assignment of The Council.

Wilfred Haughey, M.D., has done exceptionally fine work as Editor despite many handicaps incident to wartime shortages. It has been necessary to reduce sharply the number of pages of The Journal, but at no time has the high quality of the contained material been sacrificed. For the first time, The Journal has become self-sustaining, the result of careful business management. Every effort has been made to send this publication to the members of the Michigan State Medical Society in the armed forces, and it has been done in all cases except where a permanent address is not known.

Advertising matter has regularly been accepted through the Coöperative Medical Advertising Bureau of the American Medical Association which furnishes only advertisements of such products as are approved by the American Medical Association Councils. It was felt by the Publication Committee that advertisements could well be accepted of products manufactured by reliable firms which are recognized as valuable therapeutic agents, and used by many physicians, but which for some reason or other are not as yet Council-accepted, and such a policy was adopted with the result

that our volume of advertising has greatly increased. In practically all instances advertising companies have been very careful not to make extravagant claims of therapeutic value and to avoid price quotations. All material submitted for our advertising pages is carefully scrutinized by the Publication Committee, or by the members of the Executive Committee of The Council.

It is the desire and aim of the Publication Committee to furnish the profession through the pages of the Journal all available information concerning trends in medical practice, and to take leadership in its Editorial columns to point out a policy which seems best for our membership to pursue, bearing ever in mind a desire to maintain a high standard of publication, and to encourage always the giving of intelligent and efficient service by the profession to the public.

R. S. Morrish, M.D.

#### County Societies

By extraordinary effort our civilian physicians are supplying the medical needs of the people of our state. There are no widespread complaints of lack of medical care in Michigan. Our medical and hospital care plans have contributed materially to a satisfaction and appreciation of the medical services supplied by our profession.

Newspaper and radio reports continuously praise the services of our military members. We note with great pride that our civilian doctors were able to fit into the military picture, and by their combined efforts materially reduce war mortality and produce the best medical care that any army in the world has ever received.

We are facing a legislative year with fewer friends in the legislative halls. Self-centered interest of the individual physician in his practice and his lackadaisical attitude toward problems and trends which may affect the whole future of medicine is throwing a tremendous burden upon the shoulders of the officers of our state society. The individual physician must be made to realize that these problems are of primary importance in his endeavors. In his hands lies the total responsibility for the future of the practice of medicine. Our military members have sacrificed their practices and are risking their lives to fight for us who have remained at home. Our civilian members must be alert and make every effort to maintain the practice of medicine according to the American way for our military members. We must not let them down—our task is a big one and must be assumed by each and every doctor of medicine.

#### Organizations

Despite wartime conditions, organization in 54 of the 55 county medical societies continued in excellent condition. The one odd county which has experienced some dissension has referred its problems to the MSMS Ethics Committee for investigation, and it is hoped, by the time the House of Delegates meets in September, this current problem shall have been solved.

The County Secretaries Conference of January 30, 1944, in Detroit was a "School of Information" on federalization, regimentation, and bureaucracy. It was the most enthusiastic and best attended Conference in the history of the Society.

Nine Secretary's Letters were mailed during the year, six to all members of the Society and three to Presidents, Secretaries and Editors of County Societies.

**AMA Delegates.**—As in the past, the Executive Committee of The Council held a meeting with Michigan's Delegates to the AMA House of Delegates on May 24, 1944, and discussed a number of important economic and sociologic matters which subsequently were on the agenda of the Chicago meeting of June 12-13.

## ANNUAL REPORT OF THE COUNCIL

### Committees

Most of the State Society Committees continue to be very active, despite wartime demands on the time of committee members. We invite your consideration of the annual reports of these productive groups, published in the Delegates' Handbook and in *The Journal*.

**Scientific Work.**—the 1944 Annual Session with an excellent scientific program is best evidence of the many months of work of the Committee on Scientific Work.

**Postgraduate Medical Education.**—The Committee on Postgraduate Medical Education continues to offer to Michigan physicians a high quality program in postgraduate work. In addition, the Postgraduate Extension Committee specifically recommends that doctors of medicine and laymen interested in sound medical service and education contribute during their life and in their wills to the MSMS Foundation for Postgraduate Medical Education.

**The Public Relations Committee** assumed a major task in 1944 by inaugurating a radio program over 12 stations, by sponsoring lay and professional speakers before many groups, by issuing thousands of pamphlets re bureaucracy and federal regimentation, and by co-operating with other groups interested in preserving the American way of life.

**The Cancer Committee** completed its "Cancer Manual" and distributed it to all members of the Michigan State Medical Society. This represented a monumental labor, accomplished by tact and hard work.

**The Industrial Health Committee** presented its very successful second Annual Postgraduate Industrial Conference on April 6 in Detroit.

**The Radio Committee** instituted a series of scientific presentations over WJR, through the coöperation of the U. of M. Extension Division. Much good results from this type of public education.

All committees functioned well. Sincere thanks are extended to our committee chairmen and members for outstanding services performed in behalf of all members of the State Society during the past year.

### Contacts With Governmental Agencies

**EMIC Program.**—This matter, referred by the 1943 House of Delegates to The Council, was the basis of much discussion at every meeting of The Council and of its Executive Committee and resulted in a series of meetings with representatives of the U. S. Children's Bureau, the Michigan Department of Health, Michigan Medical Service, and with the Auditor General of Michigan. The MSMS Council met with Edwin F. Daily, M.D., of the U. S. Children's Bureau on September 23; the Special Committee on EMIC Program met with Martha M. Eliot, M.D., of the U. S. Children's Bureau and Peter Seitz (of the Solicitor's Office attached to the Bureau) in Detroit on June 8. Two presentations were made: (a) that allotments for the EMIC program be made direct to the serviceman's wife and dependents; (b) that payment in this state be made through Michigan Medical Service. Both of these recommendations were turned down, despite the desires of the entire medical profession as expressed in a poll taken by the Special Committee (Drs. Ledwidge-Keyport-Foster) in October. The blunt refusal to date of executives of the U. S. Children's Bureau to amend the Michigan plan in any way represents a perfect example of autocracy by bureaucracy.

During negotiations, it was recommended that, so far as the State Society is concerned, physicians may properly:

- (a) Sign the blanks to provide for hospital service, giving professional care gratis; or
- (b) Sign the blanks and accept the government fee for medical care; or

(c) Decline to participate in the program, as physicians see fit.

In May, Congressman A. L. Miller of Nebraska introduced into Congress H.R. 4663 to transfer all health activities in the U. S. Department of Labor to the USPHS. The Executive Committee commended Dr. Miller on the introduction of this bill. A recommendation on this matter follows.

**Advisory Committee on EMIC Program.** The new State Commissioner of Health, William DeKleine, M.D., appointed an Advisory Committee on the EMIC Program to counsel his Department in connection with this troublesome slice of bureaucracy. He graciously appointed on this Committee Drs. Ledwidge, Keyport and Foster, to represent the Michigan State Medical Society.

**Michigan Crippled Children Commission.**—Excellent relations continue to exist between the State Society and the Commission.

**"Institute on Public Health Economics."**—The 1943 MSMS House of Delegates adopted a resolution on this "Institute" which inaugurated the opening of the new administration building of the School of Public Health at Ann Arbor. Subsequent correspondence with the Dean of the School of Public Health at the University of Michigan elicited no satisfactory results. So the matter was finally discussed with Dr. Alexander G. Ruthven, President of the University of Michigan, on June 1. It is hoped that this meeting will lead to better understanding between these groups.

### Contacts With Nongovernmental Agencies

**Michigan Medical Service.**—Annual Reports and statistical data on this corporation will be presented to the members of the House of Delegates, as members of Michigan Medical Service, at the Annual Meeting of MMS in Grand Rapids on Tuesday, September 26.

The resolution, presented to the 1943 House of Delegates, urging that only Doctors of Medicine be recompensed by Michigan Medical Service for services performed to subscribers, was referred to a Special Committee (Drs. Sladek-Beck-Riley-Witwer) which recommended to The Council in January that no action be taken until such time as all indebtedness of Michigan Medical Service is liquidated.

**Michigan Hospital Service vs. Pathologists.**—The complaint of the pathologists of the state that this corporation was encouraging hospitals to practice medicine by inserting in its inter-hospital agency contract a provision that would make all pathologists the servants of hospitals, was the basis for discussions with Michigan Hospital Service which led to an arrangement, satisfactory to all concerned, whereby pathologists receive their remuneration, as individual practitioners of medicine, not from the hospitals but from the agency of their own creation, Michigan Medical Service, for pathological service rendered subscribers of Michigan Hospital Service.

**Michigan Health Council.**—This Council, composed of representatives of the MSMS, the Michigan Hospital Association, Michigan Medical Service, and Michigan Hospital Service, is a vehicle whereby the member organizations can coöperate their efforts in arranging for the availability of medical, hospital, and related services, and informing the public through a general educational program what these organizations are doing to meet the health needs of all people in the state. The first project of the Michigan Health Council is a survey of public opinion, the results of which will be presented to the members of the MSMS at the Sixth General Assembly of the Annual Session, Thursday evening, September 28, 1944, in Grand Rapids. The future program of the Michigan Health Council will be based upon facts gathered from the people themselves through this survey.

## ANNUAL REPORT OF DELEGATES TO AMA

### Other Matters Referred to The Council by 1943 House of Delegates

1. The resolution to establish an American Medical Association office in Washington, D. C., was referred to a Special Committee of The Council which notified all state societies concerning this action of the MSMS House of Delegates and of the urgent need for the creation of such a bureau of information in the national capital.

The AMA Council on Medical Service opened the Washington, D. C., office on April 3, 1944.

2. The notification of the resolution to change the structure of the American Medical Association, as approved by the 1943 House of Delegates, was also sent to all other state medical societies prior to the 1944 meeting of the AMA House of Delegates. The Michigan Delegates introduced this resolution into the AMA House of Delegates on June 12. Report on the action of the AMA is contained in the Annual Report of Michigan's Delegates to the AMA.

3. Special Assessment. The \$10 assessment, levied on all members by the 1943 MSMS House of Delegates, was kept separate and distinct from the general MSMS fund and was known as the "public educational account." A separate accounting was made monthly to The Council or its Executive Committee, and will be presented to the House of Delegates by The Council in its supplemental report on September 25. Briefly, the money was allocated for radio presentations, lay speakers, purchase and distribution of pamphlets, and contributions to Michigan Health Council for its survey of public opinion.

4. Declaration of Medical Policies. The display card pledging nonsupport of a state medical bureaucracy, and the blank to be signed pledging nonacceptance of medical regimentation, were distributed to county medical societies in Michigan on two occasions; the latter also was included in the program of the April 6th Industrial Medical and Surgical Conference. In addition, all other state medical societies were sent this material.

### Miscellaneous

(a) During the past year, the Early House on Mackinac Island, the scene of Beaumont's first experiments, was purchased through the generosity of Parke, Davis & Company and presented to the Michigan Mackinac Island Commission which plans to restore it to its original form and dedicate it as a permanent medical museum.

(b) Physical Medicine. Before the announcement of the Baruch award of \$1,100,000 to encourage Physical Medicine, the MSMS Executive Committee of The Council had communicated with the Deans of the medical schools in Michigan urging them to stress the importance of Physical Medicine in their curricula; also, it secured Frank H. Krusen, M.D., now Director of the Baruch Committee, to appear on the General Assembly program in Grand Rapids on September 28, 1944.

(c) Michigan Doctors of Medicine in military service reach the startlingly high total of 2,175. Their names were published in the Military Members' Number of the MSMS *Journal* (March, 1944). May God bless and protect them.

### Recommendations

The Council recommends:

1. That County Medical Societies, their officers and individual members contact in person or by letter our U. S. Senators and Congressmen from Michigan urging that they give favorable consideration to H.R. 4663, introduced into the House of Representatives by Congressman A. L. Miller of Nebraska on April 25, which would transfer all health activities of the U. S. Depart-

ment of Labor to the USPHS; further, that they consider the establishment of a Department of Health in the federal government, to be headed by a Secretary of Health (who shall be a Doctor of Medicine) as a member of the Cabinet.

2. That the House of Delegates consider the following suggestion as a means of saving vital paper stock and considerable expense: that, as in the past, a complete stenographic report of every resolution, motion and word spoken during the House of Delegates session be transcribed and retained in the permanent archives of the Society, available for study by any member of the State Society at any time, but that the House of Delegates Transactions as published in the MSMS *Journal* be condensed.

3. That the House of Delegates reaffirm its authorization to The Council either to levy a capital assessment or assessments, not to exceed a total of five dollars, or to increase the dues of the State Society for the calendar year 1945 by a sum not to exceed five dollars, in addition to the present annual dues, to meet the ordinary expenses of the Society as seems justified in the Council's considered opinion.

(It is to be noted that this request of The Council was granted by the House of Delegates in 1938-1939-1940-1941-1942 but was never invoked. The request for the five-dollar assessment is not to be confused with the ten-dollar assessment voted by the 1943 House of Delegates for special educational activity; no part of this ten-dollar assessment has been used for the ordinary expenses of the Michigan State Medical Society).

4. That the individual members of the House of Delegates become "Ambassadors" of our Postgraduate Foundation and encourage other Doctors of Medicine, as well as laymen interested in sound medical service and education, to contribute during life and in their wills to the MSMS Foundation for Postgraduate Medical Education.

Respectfully submitted,

V. M. MOORE, M.D., *Chairman*  
O. O. BECK, M.D., *Vice Chairman*  
R. S. MORRISH, M.D., *Chairman,*  
*Publication Committee*  
E. F. SLADEK, M.D., *Chairman, County*  
*Societies Committee*  
C. E. UMPHREY, M.D., *Chairman,*  
*Finance Committee*  
PHILIP A. RILEY, M.D.  
WILFRID HAUGHEY, M.D.  
R. J. HUBBELL, M.D.  
T. E. DEGURSE, M.D.  
W. E. BARSTOW, M.D.  
ROY C. PERKINS, M.D.  
O. D. STRYKER, M.D.  
A. H. MILLER, M.D.  
W. H. HURON, M.D.  
DEAN W. MYERS, M.D.  
E. R. WITWER, M.D.  
P. L. LEDWIDGE, M.D., *Speaker*  
C. R. KEYPORT, M.D., *President*  
A. S. BRUNK, M.D., *President-Elect*  
L. FERNALD FOSTER, M.D., *Secretary*  
WM. A. HYLAND, M.D., *Treasurer*

### ANNUAL REPORT OF DELEGATES TO AMA, 1944

The regular delegates from Michigan were all present and took an active part in the proceedings of the 94th Annual Session of the American Medical Association held in Chicago, June 12 to 16, 1944. There are many delegates from other states who either are in-

## ANNUAL REPORT OF DELEGATES TO AMA

different or take little interest in crucial matters affecting the organization. Many are out-and-out specialists and only manifest interest when their "ox is gored." Many have secured economic independence and have little interest in the general subject of economics as it affects the man in the "sticks." Others enjoy a ride on the bandwagon and, like puppets, perform when the "old guard" pulls the string.

Changing events in "world affairs" determine the keynote activities. A few years ago the Michigan delegates were in the "doghouse" because they sponsored pre-payment medical service and pre-payment plans. Ten years ago Michigan delegates were called Bolsheviks because they wanted a central office in Washington and a fieldman who was a public relations diplomat. Today the Council on Medical Service and Public Relations has adopted all these recommendations which first came from Michigan.

The proceedings have been published in an edited and expurgated form in *The Journals of the American Medical Association* on June 24 and July 1, 1944. Michigan delegates presented all the subject matter that had been delegated to them by the State Society or by interested members.

The Resolution to change the structure and enlarge the field of activities of the American Medical Association was introduced by Dr. Gruber and referred to the Reference Committee on Executive Session which reported that "it had given a great deal of consideration to these resolutions. It feels that the resolutions contain valuable suggestions but is not clear as to how these recommendations can be carried out from a practical standpoint. Therefore, it recommends that resolutions be returned to the Michigan State Medical Society for clarification and more specific recommendations."

This Resolution, approved by the 1943 MSMS House of Delegates, read as follows:

WHEREAS, Medical associations and societies in the United States are organized under the provisions of a charter as laid down by the various state laws for organizing such groups, and from a perusal of these charters it appears that under the purposes set forth such organizations are for the sole purpose of carrying on charitable, educational and scientific endeavor, and

WHEREAS, The advice received at present, at least is to the effect that neither the American Medical Association nor any of its component societies (State and County) under present charters have any right whatsoever to engage in economic or political activities but have only the right to engage in such activities as set forth above, and as stated in the provisions of the laws under which these organizations are incorporated, and

WHEREAS, The American Medical Association is at present exhibiting a most decidedly defeatist attitude because of these provisions and is exhibiting this attitude principally expressed as because of fear of taxation, and other fears, and

WHEREAS, The practitioners of medicine who pay dues to these various medical organizations and support them, including the American Medical Association and each of its component societies, desire that these medical organizations in addition to the above set forth objectives, concern themselves with economic and other aspects of medicine as well, and

WHEREAS, It should seem proper to change the complexion of the organizational setup for medical associations and societies so they might be eligible to engage in other than scientific, educational and charitable endeavor and to pay taxes, which might require the raising of dues or whatnot, the above suggested change would attain a free and untrammelled position for them in the political and economic structure of these United States of America so that the medical associations and societies, local, state and national, may assume their place as a force for the benefit of the practitioner as well as the benefit of the patients they serve, realizing that good medicine depends on freedom from fear, at least (which is one of the great freedoms recognized in the Atlantic Charter), this fear being fear of persecution under the existing setup, be it, therefore

RESOLVED, That an appropriate resolution be prepared for presentation to the House of Delegates of the American Medical Association, demanding the organizational setup of organized medicine be so changed and amended as to permit of economic and political activities being carried on by the American Medical Association as well as by its component societies (state and county), and be it further

RESOLVED, That the American Medical Association be instructed

to, if necessary, pay taxes whatever may be assessed, and, be it further

RESOLVED, That appropriate steps be taken to provide the necessary fiscal readjustment, and be it further

RESOLVED, That this action be officially presented by the Delegates from the State of Michigan to the House of Delegates of the American Medical Association at its next meeting, and be it further

RESOLVED, That a copy of this action be forwarded to each State Medical Society in the United States with an appropriate letter of transmittal, and be it further

RESOLVED, That a copy of this action be forwarded to each member of the House of Delegates of the American Medical Association, and to each member of the Board of Trustees of the American Medical Association.

Of interest to a large number of practicing physicians was a resolution introduced by a Michigan delegate recommending the creation of a Board of General Practice. This was referred to the Reference Committee on Medical Education which rejected the proposal on the ground of lack of jurisdiction but recommended that the proposal be referred to the Council on Medical Education and Hospitals for transmission to the Advisory Board for Medical Specialties. It is of interest here to note that in the section registration, "The Sessions on General Practice" was fourth—being beaten only by (1) "Practice of Medicine"; (2) "Surgery," and (3) "Obstetrics and Gynecology." Thirteen other sections also ran.

The report on the resolutions recommending the replacement of the present editor of *The Journal of the American Medical Association* will be presented at the Executive Session of the meeting of the House of Delegates of the Michigan State Medical Society.

The resolution opening the gate to membership in the American Medical Association for members of the National Medical Association was sidestepped by saying that it was a local matter for component County Medical Societies and outside the jurisdiction of the American Medical Association.

A resolution lifting the Sex Discrimination from young women desiring to study medicine met the disapproval of the Reference Committee on Medical Education and was quietly interred by referring it to the Council on Medical Education.

A resolution from California requesting the endorsement of the United Public Health League, which is at present maintaining an office in Washington, was disapproved.

The Michigan delegates received a telegram from the Detroit Ophthalmological Society requesting opposition to the request of the Optometric Society for better recognition. The request of the Detroit Ophthalmological Society was complied with and duly executed.

There is no change in the attitude of the profession regarding Maternal and Infant Care for wives and infants of enlisted men, but a resolution to transfer the activities of the U. S. Children's Bureau to the U. S. Public Health Service was approved. On the other hand a resolution to consolidate Federal Health activities in a single Federal Health Department was disapproved with the explanation that monies should be allocated to local and state authorities from the Secretary of Labor for local determination.

The 1945 meeting will be held in New York, and Atlantic City was selected as the place of meeting in 1947. This date marks the 100th Anniversary of the American Medical Association and extensive preparations are already in progress to fittingly celebrate the occasion.

Respectfully submitted,

HENRY A. LUCE, M.D., *Chairman*

T. K. GRUBER, M.D.

C. R. KEYPORT, M.D.

L. G. CHRISTIAN, M.D.

FRANK E. REEDER, M.D.

## PROPOSED AMENDMENTS

### ANNUAL REPORT OF MENTAL HYGIENE COMMITTEE, 1943-44

During the year, two official meetings were held, as well as several discussion groups of the members of the Committee with other groups for consideration of important psychiatric considerations.

1. Recommendation by the Committee was made to The Council concerning a speaker on Neuropsychiatry at the 1944 Postgraduate Conference on War Medicine. The need of having at least one speaker on this subject appeared obvious by virtue of the significant role which psychiatry is playing in war medicine, with particular reference to Induction Station procedures and casualties in the Armed Forces. The Committee suggested three names, and of these Colonel William C. Menninger was selected. He has agreed to present a discussion at the 1944 Postgraduate War Conference in Grand Rapids.

2. The Committee expressed the need for more complete and better academic training in psychiatry in Medical Schools, particularly in view of the need for psychiatrists at the present time.

3. The problem of premarital instruction was raised and the Committee expressed the opinion that it would be glad to work on the project, providing this met with the approval of The Council of the Michigan State Medical Society.

Following the approval of The Council for the Committee on Mental Hygiene to proceed with the question of premarital instruction, it appeared feasible to approach this problem from the standpoint of two phases: the first phase to be a presentation to the practitioners of medicine of the state, material which would stress the importance of this subject, particularly with the relationship between sexual problems and the development of various disorders; thus, this might consist of articles in *THE JOURNAL of the State Medical Society* and discussion at the postgraduate conferences sponsored by the State Medical Society, the University of Michigan and Wayne University Medical School. The second phase would be the carrying of this material to the public. It seemed inadvisable to do any work on the second phase at the present time.

The above notes represent the report of the official meetings of the Committee of January 20 and April 27. In addition, members of the Committee met with representatives of the Bar Association and with representatives of the Judicial Council relative to the development of new and more satisfactory procedures for the admission of patients to state hospitals. This work is being sponsored by the Judicial Council of Michigan and a formal report has gone to that body.

Respectfully Submitted,  
R. W. WAGGONER, M.D., *Chairman*  
R. G. BRAIN, M.D.  
ROBERT DIXON, M.D.  
H. A. LUCE, M.D.  
R. A. MORTER, M.D.  
H. A. REYE, M.D.  
O. E. YODER, M.D.

### ANNUAL REPORT OF MEDICAL-LEGAL COMMITTEE, 1943-44

During the past year there has been no meeting of the Medical-Legal Committee as a whole. Routine correspondence has been carried on through the Executive Secretary of the State Society. During the year some of the cases pending have been dropped, and payment for legal services in connection with investigation and previous litigation in these cases has been approved.

Respectfully submitted,  
S. W. DONALDSON, M.D., *Chairman*  
RALPH COOK, M.D.  
CYRUS M. GARDNER, M.D.  
E. S. PARMENTER, M.D.  
WM. J. STAPLETON, JR., M.D.  
E. A. WITTWER, M.D.

### PROPOSED AMENDMENTS TO CONSTITUTION AND BY-LAWS OF MICHIGAN STATE MEDICAL SOCIETY

The following amendments to the Constitution were presented at the 1943 Annual Session of the House of Delegates, Michigan State Medical Society, and, according to the Constitution, were referred to the 1944 session of the House of Delegates for final consideration:

#### Constitution

1. Amend Article III, Section 4, by adding a new sub-paragraph to read as follows:

"Physicians, residents of the State of Michigan, for the period of time they are in active Military Service of the United States previous to their engaging in active practice."

COMMENT: This proposed amendment would make it possible for the County and State Societies to offer membership to Doctors of Medicine residing in Michigan who enter into active Military Service of the United States before engaging in private practice (such as interns and residents).

\* \* \*

2. Amend Article III, Section 4, by adding a new sub-paragraph to read as follows:

"Active Members, by transfer, for the period of time they are temporarily out of active practice on account of protracted illness."

COMMENT: This proposed amendment would cover active members who may be unable to practice medicine for extended periods of time on account of protracted illness and who may either be ineligible for transfer to Retired Membership or be unable to pay annual dues.

\* \* \*

3. Amend Article III, Section 4, Item 4, to read as follows:

"Physicians not engaged in any phase of medical practice, including members not in practice due to protracted illness."

COMMENT: This proposed amendment has the purpose as the proposed amendment No. 2.

\* \* \*

4(a). Amend Article III by adding a new Section to be known as Section 8, to read as follows:

"Life Members. A physician who has attained the age of seventy years or more and maintained an active membership in good standing for ten years or more in the State Society may, upon application and recommendation of his County Society, be transferred to the Life Members' Roster by election in the House of Delegates. He shall have the right to vote and hold office but shall pay no dues to the State Society. Requests for transfer shall be accompanied by certification by the Secretary of the State Society as to years of membership in good standing."

"The County Society of such member shall make request for certification, in writing, to the Secretary of the State Society thirty days or more in advance of the Annual Session."

4(b). Amend Article III, Section 1 by adding to the list of memberships the following:

"Life Members."

4(c). "BE IT RESOLVED that these amendments shall take effect and be incorporated in the Constitution at the Annual Session following the termination of the present World War."

COMMENT: A resolution was presented in 1942 recommending Emeritus Membership to members at the age of seventy years or more. The Committee on Constitution and By-Laws felt that Life Membership, as proposed above, would represent years of age while Emeritus Membership represents years of service; it also felt that any further reduction of active members paying dues, other than those in Military Service, would seriously reduce the income of the Society and included in its resolution that the above amendment to the Constitution, if approved, shall take effect at the Annual Session following the termination of the present World War.

(Continued on Page 814)

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## PROPOSED AMENDMENTS

(Continued from Page 812)

### 5. Amend Article VIII, Section 2, to read as follows:

"The House of Delegates at each Annual Session shall elect the President-Elect, the Speaker and Vice Speaker of the House of Delegates, and the Councilors. These officers shall be installed in the general meeting at which the reports of the House of Delegates are received. They shall serve until the corresponding time of the next annual session except that the Councilors shall serve for five annual sessions. The terms of the Councilors shall be arranged so that not more than four terms expire normally at any annual session. All these officers shall serve until their successors are elected and take office.

"At the annual session next following his election the President-Elect shall be installed into and assume the office of Presidency immediately following the annual address by the retiring President and shall serve until the corresponding time of the next annual session. This assumption of office shall occur in the general meeting at which the reports of the House of Delegates are received.

"If no general meetings are held at the annual session, then induction into the office of the incoming president and the newly-elected officers shall be in the last meeting of the annual session of the House of Delegates.

"The Secretary, the Editor of the JOURNAL and the Treasurer shall be elected by the Council in its annual meeting in January of each year. They shall take office immediately and serve for a term of one year or until their successors are elected and take office."

COMMENT: This clarifies the election of the President-Elect who automatically becomes the President when the Presidency becomes vacant.

### By-Laws

### 6. Amend Chapter 6, Section 9 to read as follows:

"The Committee on Ethics shall consist of five members appointed by the President with the approval of the Council to serve for five-year terms, so staggered that one member is selected annually, except that in 1944 one member shall be selected for a five-year term, one for a four-year term, one for a three-year term, one for a two-year term, and one for a one-year term.

"If a member dies, resigns, or is disqualified prior to the expiration of his term, the President may appoint a successor to serve until the next meeting of the Council which, if it approves, may select him to serve the unexpired portion of the term.

"The following rights and duties devolve on the Committee:

1. To render, on the request of the Council or of a component society, advisory opinions on questions of ethics submitted to it;

2. To assist county societies in setting up schemes of integration between such county society committees as have duties and functions similar to the duties and functions of this committee and the Medico-Legal Committee of this Society;

3. To integrate, so far as possible, its activities with the activities of the Medico-Legal Committee of this Society;

4. On the request of a component society or of any member of this Society, to conduct such investigation or hearing, or both, as it deems appropriate, concerning the professional conduct of any member of this Society and to report to the component society to which the physician under inquiry belongs, its findings and conclusions as to the ethical propriety of the conduct in question for such further action as the component society may deem proper, provided however, that in the event of a finding adverse to the physician under inquiry if the physician agrees to amend his conduct to conform with the conclusions of ethical propriety made by the Committee, the Committee may in its discretion dispose of the matter and report its action to the appropriate component society;

5. If a component society fails to institute disciplinary proceedings against a member with respect to whom the Committee has filed an adverse report, in its discretion to prefer written charges in the form and manner specified by the component society's organic laws with the secretary of the component society involved and, through a member or members of the Committee, to perform all acts that are reasonably necessary and proper in the prosecution of such charges; and

6. To make annual reports to the State Secretary.

"A member who is guilty of any of the following acts shall be subject, in the discretion of the county society, to expulsion, suspension, or admonition:

1. A criminal offense involving moral turpitude;
2. Gross misconduct as a physician or citizen;
3. Violation of the Principles of Medical Ethics;
4. The willful commission of any act tending to defeat the aims, purposes, or objects of this Society or to bring the Society into disrepute;
5. The willful refusal to adhere to the Constitution and By-Laws of the Society; or
6. The giving of any testimony in any court of law or administrative proceeding which in the opinion of the Council of the Society is reckless, willfully false or fraudulent, or is not in keeping with the dignity or scientific standards of the profession."

COMMENT: This proposed amendment, to clarify the duties of the MSMS Committee on Ethics, was

considered briefly by the 1943 House of Delegates which referred it back to the Committee on Constitution and By-Laws for study.

## A RAY OF UNDERSTANDING

(Continued from Page 785)

the medical examiners of the Army and Navy—then in the first full flush of the new vogue of intelligence tests—that the people of the United States were 14 years old in the head. Books were written in vast numbers to prove that we were a nation of morons. Since then these statistics have been discarded.

What we would like to read is comparative statistics. How does the manhood of America rank today with the physical findings revealed in the last war which made possible a general national health tabulation? Have we deteriorated or improved in the past 25 years? What is the state of our national health as compared with that of other nations?

Some of the experts blame our present civilization and mode of life on the conditions they find today. How do they know? At no other time in history have such statistics been available. In no other war—except the last one—was any such system of physical and mental examination attempted. Up until World War I there was no compulsory universal military service. So, such contentions on the present health of the Nation are not scientifically sound.

\* \* \*

All we do know is that insurance statistics show that in the past half century the span of American life has been extended 10 years, which would indicate a steadily growing improvement in our national health. In the days of Shakespeare a man was considered old and finished if he arrived at the age of 50. Today a man of 50 considers himself in his prime and is more worried about his golf score than he is about his arteries.

Military examiners are of necessity perfectionists. Millions of men too frail for the rigors of battle can live to healthy old age, long past the span of life of their more athletic fellow mortals.

Nevertheless, the challenge has been made. It is agreed, whether our health has improved in recent generations or not, that the physical state of our people is not good. There is room for vast improvement.

As group medicine develops, along with the furtherance of the science of public health, there will be established—voluntarily—annual medical inspections. From such sources we may gather sound statistics on which to base our judgments.

In all this progressive effort the medical associations should take the lead. If they do not accept their social responsibilities, the people will eventually insist that the Government move in.

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## MICHIGAN'S DEPARTMENT OF HEALTH

WM. DE KLEINE, M.D., Commissioner, Lansing, Michigan



### MICHIGAN BLOOD PLASMA PROGRAM

September 27 marks the first anniversary of the Michigan's Civilian plasma program. As the year ends free blood plasma is available for all practicing physicians in forty-seven counties where blood donor clinics have been held or where they are definitely scheduled for this summer. Most of the larger cities have been skipped in the beginning of this program because through hospitals plasma is available in these areas. Eventually every county in the state will be covered. At the beginning of the program the state health department agreed not to schedule its bleeding unit within 40 miles of Detroit until after the war, since this is the area in which the Red Cross recruits blood donors for the armed services.

Physicians' reports on the use of plasma show that 50 per cent of the patients were suffering from shock, either postoperative or traumatic. Thirteen per cent of the cases were victims of burns and 12 per cent had some complications associated with pregnancy.

Reports this summer show an increased use of plasma for infants with diarrhea and for premature infants.

As the first state to attempt such a comprehensive project, Michigan now has a plasma program that is a working model for the nation. Its success is due to a four-way coöperation between local chapters of the American Red Cross which enlist donors and organize the bleeding clinics, the general public which donates blood, the Michigan Department of Health laboratories which hold the clinics and prepare the plasma, and the physicians who administer plasma to their patients.

At present the doctor and six nurses of the plasma field unit are booked almost a year in advance and many requests for clinics are having to be held until other mobile units are available. Another bottleneck of the program has been that the laboratory can handle only a fraction of the blood that people want to give.

To expand the laboratory facilities, Governor Kelly appealed to the special session of the State Legislature in January, 1944. The result was that \$250,000 was set aside for development of the plasma program. At present the contract has been let for the "plasma building" which will actually be a second story on one of the existing buildings of the laboratories.

In each clinic Dr. A. B. Mitchell, Medical Director of the State Plasma program, and the six nurses, bleed four to six persons simultaneously. At the end of each day, the blood is rushed to the laboratories at Lansing.

Here each sample of blood is tested for syphilis . . . the red cells are removed and the plasma is filtered. It is tested for sterility and for safety, put into half-pint bottles and labeled for distribution. For each county that has given blood, a blood bank is established,

with a credit based upon the amount of blood donated. Ten per cent of their credit is withheld for emergency use in case of disaster.

### DOCTOR ALVAREZ IN NAVY

Dr. Russell de Alvarez, field consultant in obstetrics in the Bureau of Maternal and Child Health for the past five years, is now a Lieutenant (sg) in the U. S. Navy, stationed at San Diego.

### 100 PER CENT CLUB FOR 1944—MSMS

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 Alpena-Alcona-Presque Isle—E. S. Parmenter, Secretary  
 Barry—H. S. Wedel, Secretary  
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 Manistee—C. L. Grant, Secretary  
 Mecosta-Osceola-Lake—John A. White, Secretary  
 Medical Society of North Central Counties—Stanley A. Stealy, Secretary  
 Menominee—Wm. S. Jones, Secretary  
 Midland—Ralph R. Sachs, Secretary  
 Muskegon—Helen S. Barnard, Secretary  
 Nawaygo—H. R. Moore, Secretary  
 Oceana—W. Heard, Secretary  
 Ontonagon—W. F. Strong, Secretary  
 Sanilac—E. W. Blanchard, Secretary  
 St. Clair—A. L. Callery, Secretary  
 Tuscola—John C. Shoemaker, Secretary  
 Van Buren—R. W. Spalding, Secretary

As of August 10, the above county medical societies have certified 1944 dues for every member of their respective societies, to be the first 100 per cent paid-up counties for this year. A number of other societies have certified all but one or two of their 1944 members. As soon as these have paid their 1944 dues the list of 100 per cent county societies will be much larger.

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*Should it contain additional vitamins to make sure of ample supply?* Thiamine hydrochloride (B<sub>1</sub>), riboflavin (B<sub>2</sub>) and niacin (anti-pellagra factor) were added.

*Should it contain added iron and calcium?* Both were introduced into the formula.

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## ★ COUNTY AND PERSONAL ACTIVITIES ★

M. K. Newman, M.D., of Detroit, appeared on the program of the American Medical Association Scientific Assembly, held in Chicago the week of June 12.

\* \* \*

Paul D. Bagwell, Head of the Speech Department, Michigan State College, addressed the Battle Creek Lions Club on July 25. His subject was "The Spread of Federal Bureaucracy."

\* \* \*

Wm. J. Burns, Executive Secretary of the Michigan State Medical Society, addressed the Beta Chapter of Nu Sigma Nu at its post-initiation banquet, University Club, Detroit, on August 9. His subject was "Has Medicine Been a Failure?"

\* \* \*

The Woman's Auxiliary to the Wayne County Medical Society recently purchased and presented to the Red Cross Blood Bank a station wagon, to be used by the Motor Corps in transporting blood donors to and from the Blood Bank.

Congratulations, Doctors' Wives!

The Annual James D. Bruce Testimonial Lecture will be presented the first day at all Postgraduate centers, this autumn. The Hirshfeld Lecture on "Penicillin" has been designated as the 1944 Bruce Testimonial Lecture.

James D. Bruce, M.D., is the present and long-time Chairman of the outstanding MSMS Committee on Postgraduate Medical Education.

University of Illinois College of Medicine announces its Fall Didactic and Clinical Refresher Course for specialists in Otolaryngology, September 25-30. For information, write Department of Otolaryngology, 1853 W. Polk Street, Chicago 12, Illinois.

\* \* \*

Harvard Medical School, with the coöperation of Boston U. Medical School and Tufts College Medical School, offers a seminar in Legal Medicine, the week

(Continued on Page 820)

### AN ADDED

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Urine Analysis  
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\* \* \*

*Nathan Frenn, M.D.*, of Bark River and *E. S. Sawbridge, M.D.*, of Stephenson, were elected President and President-Elect, respectively, of the Upper Peninsula Medical Society at its meeting of July 28 in Houghton.

Escanaba was selected for the 1945 meeting of the Society.

\* \* \*

*Let Your Newspaper Editor Know.* Inform the editor of your newspaper that you will be in Grand Rapids for the 1944 Postgraduate Conference on War Medicine—the 79th Annual Session of the Michigan State Medical Society, September 27-28-29.

Please bring your Michigan State Medical Society or your American Medical Association membership card, to facilitate registration and to save your time.

\* \* \*

*Golfers' Attention.*—No formal MSMS Golf Tournament has been arranged in 1944 due to the war. However, a number of medical golfers throughout the state desire to play a game or two during the MSMS Annual Session in Grand Rapids. Those interested will be aided in the arrangement of matches if they will write the Golfers' Committee, c/o Pantlind Hotel, Grand Rapids.

\* \* \*

*A. S. Brunk, M.D.*, Detroit, President-Elect of the Michigan State Medical Society, has been appointed as the MSMS representative to a Special Advisory Committee on Minimum Standards for Governmental Agency Programs. This Committee is headed by *L. S. Woodworth, M.D.*, of Detroit, and was appointed at the request of and advisory to *Wm. DeKleine, M.D.*, State Commissioner of Health.

\* \* \*

*Overheard during the Mackinac Island Races, July, 1944.*—Young matron, visibly irritated at the prolonged absence of her young husband, busily dancing at the Grand Hotel with a beautiful young blonde, remarks to her female companion: "To think that I spent \$13.90 out of a birthday check from my father for vitamins for that bird—and look at him now. See what my vitamins are doing for him!"

\* \* \*

*Public Addresses.*—*J. S. DeTar, M.D.*, of Milan, a member of the MSMS Public Relations Committee, presented six addresses recently on "Federal Bureaucracy." He addressed the Washtenaw County Medical Society, the Rotary Clubs of Milan and Saline, the Rotary-Lions Clubs of Mt. Clemens, the Monroe Exchange Club, and a joint meeting of Monroe physicians, attorneys and pharmacists.

*Otto K. Engelke, M.D.*, of Ann Arbor, addressed the Ann Arbor Public Forum on "Regimentation."

*Howard H. Cummings, M.D.*, Ann Arbor, spoke to the Woman's Auxiliary to the Washtenaw County Med-

(Continued on Page 822)



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REGARDING THE

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### *of internal menstrual protection*

Primarily, the unique functional design of the Tampax vaginal tampon accounts for its numerous advantages—*anatomic, physiologic and psychologic.*

As one gynecologist<sup>1</sup> stated, at the conclusion of a study involving more than 2,300 cases of all types (many of whom employed Tampax over extended periods): "The patient does not even know that a tampon is present in the vagina if it is inserted sufficiently deep." He continued, "Many say they can forget that they are menstruating and so are without the disturbing annoyance they had every time they menstruated."

A general practitioner<sup>2</sup>, after studying 21 patients, remarked: "All patients were favorably impressed after using the tampons. Some said that they eliminated the chafing and itching caused by the usual external pads. Some said that

they eliminated a 'wet feeling' or 'unpleasant odor'. Others preferred them because they could indulge in sports with greater freedom."

And another specialist<sup>3</sup>, after observing 110 women (both single and married) who employed vaginal tampons throughout each period for from 1 to 2 years, reported that "because of the greater comfort experienced, 103 subjects preferred to continue to use the tampons through part or all of the menstrual period rather than to return to the use of the perineal pad alone."

Such opinions reflect the reactions of thousands of women in all walks of life who have experienced the advantages inherent in the Tampax method of menstrual hygiene.

- (1) West. J. Surg., Obst. & Gyn., 51:150, 1943.  
(2) Clin. Med. & Surg., 46:327, 1939.  
(3) Am. J. Obst. & Gyn., 46:259, 1943.

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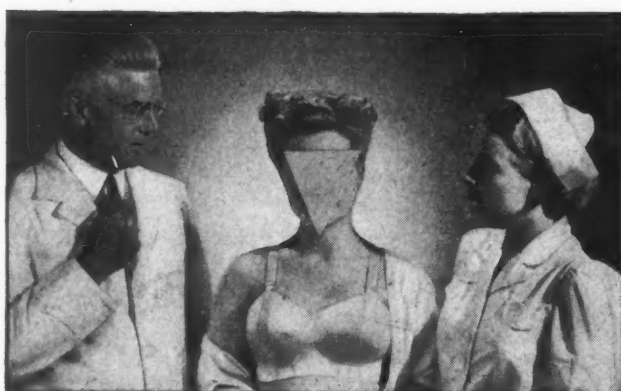
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822

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### POSTGRADUATE MEDICAL CONFERENCE

Rackham Building, Ann Arbor, Michigan

October 13, 1944

9:30 A.M.-4:30 P.M.

#### Subjects

The Management of Benign and Malignant In-  
ter-thoracic Neoplasms. JOHN ALEXANDER, M.D.  
Circulatory Actions of the Veratrum Alkaloids  
.....GORDON K. MOE, M.D.  
Psychiatric Aspects of Chest Pain .....  
.....RAYMOND W. WAGGONER, M.D.  
Medical Treatment of Diseases of the Thyroid  
Gland .....CYRUS C. STURGIS, M.D.  
Surgical Treatment of Diseases of the Thyroid  
Gland .....FREDERICK A. COLLIER, M.D.  
Postural Tension as a Cause of Pain.....  
.....CARL D. CAMP, M.D.  
Naevi of the Skin; Diagnosis and Treatment  
.....STURE JOHNSON, M.D.  
Diseases of the Salivary Glands.....  
.....A. C. FURSTENBERG, M.D.  
Toxemias of Late Pregnancy.....  
.....NORMAN F. MILLER, M.D.  
A cordial invitation is extended to all physicians  
to attend this program.

Department of Postgraduate Medicine  
University Hospital  
Ann Arbor, Michigan

ical Society, as well as to the Nurses' Association of  
Ann Arbor on "What Price Security?"

\* \* \*

Frank L. S. Reynolds, M.D., long-time Secretary of  
the Gogebic County Medical Society, has left Ironwood  
and the superintendency of Grand View Hospital. His  
new work brings him to Oneida, N. Y., where he can  
be reached at 472 Main Street.

Dr. Reynolds was always tremendously interested in  
the work of organized medicine and as Secretary of his  
county medical society, performed a creditable job for  
his community and for the State Medical Society.

\* \* \*

The Editor of the Detroit Medical News, W. B.  
Harm, M.D., received signal recognition by having his  
editorial "An Open Letter" which appeared in the Au-  
gust 7, DMN, reprinted in full in Malcolm W. Bingay's  
famous column "Good Morning," in the Detroit Free  
Press.

The theme of Dr. Harm's letter, addressed to Lt.  
Marshall Dann of the U. S. Navy, Somewhere in the  
Pacific, was graphically expressed by Mr. Bingay in his  
column of July 15.

\* \* \*

The Wayne County Medical Society recently sent out  
a questionnaire to its doctors to ascertain membership  
interest in the WCMS Health Program for Industry.

(Continued on Page 824)

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The postal card questionnaire stated: "Industry looks to the doctors to improve industrial health conditions, accentuated now by war production and shortage of medical personnel. The Society has accepted the responsibility of undertaking a program . . . your program."

Details may be obtained by writing the Committee on Industrial Health of the Wayne County Medical Society, 4421 Woodward at Canfield, Detroit 1, Michigan.

\* \* \*

#### COUNCIL AND COMMITTEE MEETINGS

Postgraduate Extension Committee, Ann Arbor—June 30

Maternal Health Committee, Statler Hotel, Detroit—July 6

Ethics Committee, Olds Hotel, Lansing—July 9

The Council, Mackinac Island—July 21-22

Michigan Medical Service, Board of Directors—July 23

Michigan Health Council—July 23

Maternal Health Committee, Statler Hotel, Detroit—Aug. 10

Executive Committee of The Council, Detroit—Aug. 24

The Council, Pantlind Hotel, Grand Rapids—September 25 and 28.

\* \* \*

The Alpena physicians were hosts to the Officers and the Councilors of the Michigan State Medical Society on Thursday, July 20. A scheduled golf game was changed to an afternoon of indoor entertainment, due to rain; an excellent dinner, prepared by the Woman's Auxiliary, was served.

E. S. Parmenter, M.D., Secretary of the Society, was Chairman of Arrangements for a very pleasant day. Representing the State Society were President-Elect A. S. Brunk, M.D., Detroit, Councilor C. E. Umphrey, M.D., Detroit, Secretary L. Fernald Foster, M.D., Bay City and Executive Secretary Wm. J. Burns.

\* \* \*

The Liquor Control Commission, on September 10, 1943, ruled on the following arrangement: "For certain patients whose conditions require the consumption of amounts of liquor per day which is more than the amount permitted by the ration rules, the Doctor of Medicine may write a prescription certifying that the patient (mentioning his or her name) is to have X amount of liquor without regard to previous purchases made by the patient on his or her ration card. The prescription is to be signed by the physician.

"The patient can then take the prescription to the State Liquor Store or the S. D. D. where it will be honored."

\* \* \*

Captain Carl W. Hammer, M.C., was awarded the Silver Star by the War Department for exposing himself to heavy enemy fire in order to treat the seriously wounded and to direct their evacuation from the Normandy beachhead. According to the War Department citation, Dr. Hammer saved numerous lives by his bravery.

Dr. Hammer received degrees from the University of Michigan and Wayne University College of Medicine (Continued on Page 826)

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icine, and interned at Grace Hospital, Detroit. He practiced in Oxford, Michigan, prior to entering Military Service. He is a member of the Michigan State Medical Society.

\* \* \*

### MEETING OF MICHIGAN MEDICAL SERVICE MEMBERSHIP

The fifth annual meeting of the membership of Michigan Medical Service will be held in the Ballroom of the Pantlind Hotel, Grand Rapids on Tuesday, September 26, 2:00 p.m. The membership is composed of all duly accredited members of the MSMS House of Delegates plus the members of the Board of Directors of Michigan Medical Service.

### MICHIGAN MEDICAL SERVICE

Nominations are in order for Directors to succeed the following, whose terms expire September 26, 1944: Wm. J. Burns; Burton R. Corbus, M.D.; Wm. A. Hyland, M.D.; Vernor Moore, M.D.; John Reid; Philip Riley, M.D.; and P. L. Ledwidge, M.D.

Under the By-Laws, nominations are made by a Nominating Committee or may be made by any ten Members of the Corporation at the Annual Meeting.

To assist the Nominating Committee, suggestions are requested from the Members of the Michigan State Medical Society. Please send suggested names to the Nominating Committee, Michigan Medical Service, 1300 Washington Boulevard Building, Detroit 26, Michigan.

*Only Sixty-nine in 7,000 Wanted Medical Advice!*—A large insurance company recently sent out to 7,000 policyholders a combination ticket, one part providing for a checkup of the policyholder's automobile, and the other part offering a complete physical examination at the expense of the insurance company without any report being made to the company as to the findings of the patient's physician.

Seven hundred policyholders (10 per cent of the total) had their automobiles checked. Only sixty-nine (less than 1/10 of 1 per cent) availed themselves of the free medical examination!

For years, some sociologists have howled to the heavens that the people are demanding more medical care and advice. They can hardly base their claims on the actual experience of this insurance company (name upon request).

\* \* \*

*A Healthier Michigan.*—We applaud heartily the health program for Michigan announced in the wake of all the furor about the "softness" and "flabbiness" of American youth. Even though that indictment hasn't stood up under the facts, no one will deny that there is always room for improvement.

Fitness means prevention of trouble. The seven-point program covers the whole field of better living and

(Continued on Page 828)

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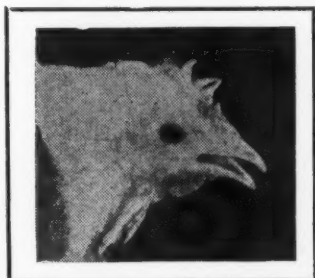
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unites the medical profession in closer partnership with the public. The keynote is sounded by Dr. L. W. Hull, president of the Wayne County Medical Society: "There has been an indifference on the part of many laymen in regard to the new benefits, but we can alter that in time."

The possibilities of the new program are without limit.—*Detroit Free Press* of July 27, 1944.

\* \* \*

Discussing various types of payroll deductions, the *Buffalo* (New York) *News* points out, in a long, analytic article, that many workers say jokingly they would rather receive the deductions than what is left. Pay envelopes "are due for another slice if the Wagner-Murray-Dingell Bill becomes law." The following interesting table is included in the article.

When the new simplified income tax is effective, the voluntary and compulsory deductions of a single person earning \$50 a week will, in an average case, add up as follows:

Withholding tax .....	\$8.20
Social Security .....	.50
War Bonds (10%) .....	5.00
Insurance .....	.15
Savings deduction .....	5.00
Charity .....	.50
Hospitalization .....	.25
Total deductions .....	\$19.60
Balance .....	30.40

If the Wagner-Murray-Dingell Bill is enacted, the Social Security "take" from this taxpayer would be raised to \$3.00 weekly, making the total deductions \$22.10 and leaving \$27.90 in cash from the \$50 pay.

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## IN MEMORIAM

### In Memoriam

*Andrew P. Biddle* of Detroit was born February 25, 1862, in Detroit and was graduated from the Detroit College of Medicine in 1886. He was a member of the staffs of St. Mary's Hospital, the Woman's Hospital and the Florence Crittendon Home. Doctor Biddle served for many years in the medical department of the Michigan National Guard and was a major and surgeon with the 31st Michigan Volunteer Infantry during the Spanish-American War. He was president of the Michigan State Medical Society in 1916 and elected to Emeritus Membership in 1933. Doctor Biddle was a Fellow and past-president of the Detroit Academy of Medicine; president of the Board of Education from 1918 to 1919 and a member of the board until 1925, when he was appointed to the Detroit Library Commission. In 1929 Wayne University conferred upon him the honorary degree of Doctor of Science. Detroit's leading medical men gathered in 1936 to honor Doctor Biddle on his completion of fifty years of medical practice. He died August 2, 1944.

*C. J. Geenen* of Grand Rapids was born in Iowa in 1896 and was graduated from the University of Iowa Medical School in 1926. After serving his internship at Butterworth Hospital in Grand Rapids, he entered general practice in that city, later specializing in surgery.

He was senior attending surgeon at Butterworth Hospital, where he died June 7, 1944, from dyscrasia, resulting from an injury received three months ago.

*Orla H. Gillett* of Grand Rapids was born September 23, 1892, in Holt and was graduated from the University of Michigan Medical School in 1923. He served his internship and was resident physician at St. Mary's Hospital from 1923 to 1926 before opening his office in Grand Rapids. Doctor Gillett was chief of surgery and chief of the staff of St. Mary's Hospital and was chairman of the intern committee. He was on the consulting surgical staff of Butterworth and Blodgett Memorial hospitals and special consultant at the Mt. Pleasant hospital. Doctor Gillett died August 2, 1944.


*U. G. Spohn* of Fairgrove was born in Pinnebrog, November 10, 1870, and was graduated from the Detroit College of Medicine in 1906. He began his practice of medicine in Fairgrove where he remained thirty-seven years. He died July 22, 1944.

*J. T. Warford* of Lansing was born March 11, 1869, in Fulton County, Kentucky, and was graduated from Tulane University of Louisiana Medical School in 1891. He built a private hospital of forty rooms at Jackson, Tennessee, which he operated for a number of years. He later traveled extensively, finally opening a practice in Denver, Colorado. He located in Lansing in 1917, where he practiced until the time of his death on July 30, 1944.

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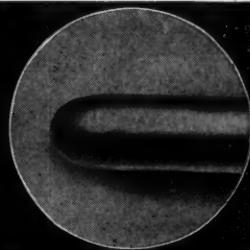
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*Acknowledgment of all books received will be made in this column and this will be deemed by us as a full compensation of those sending them. A selection will be made for review, as expedient.*

**THE TREATMENT OF PEPTIC ULCER, BASED UPON TEN YEARS' EXPERIENCE AT THE NEW YORK HOSPITAL.** By George J. Heuer, M.D., Professor of Surgery of Cornell University Medical College and Surgeon-in-Chief of the New York Hospital. Assisted by Cranston Holman, M.D., Assistant Professor of Clinical Surgery, Cornell University Medical College, and William A. Cooper, M.D., Assistant Professor of Clinical Surgery, Cornell University Medical College. Philadelphia, London, and Montreal: J. B. Lippincott Company. Price \$3.00.

Ten years' experience in the treatment of peptic ulcer in the Surgical Department of the New York Hospital, and the Cornell University Medical College have been collected and studied in an effort to evaluate the best methods and procedures to attain the highest percentage results in the treatment of this admittedly troublesome disease. A chapter is devoted to the medical treatment, its results, and a description of what was done for the patients. There is a chapter on the surgical treatment with studies of results here also of a long series of cases. The aftereffects of surgical treatment are described. Malignancy is considered as a complication, or reason for radical treatment. There is a study of the literature, and a summary. The book is largely statistical, but gives the author's ideas of the very best methods, and when to use them.

**THE INTERNATIONAL BULLETIN—POLIOMYELITIS:** (Rosenow). Volume 44. From the Mayo Foundation for Medical Education and Research, University of Minnesota, Rochester, New York: The International Bulletin, 319 West 103rd Street, 1944.

Dr. Rosenow's research on infantile paralysis has been recognized in this Bulletin, the whole volume being devoted to him and his work. The study of pleomorphic diplococci and streptococci, and their relation to virus is outlined, and efforts to find and success in finding a method of prevention of this disease is given in detail. The work is extremely technical, but lucidly explained. There are graphs, pictures, tables and references. It is an outstanding addition to our sum total of knowledge of poliomyelitis, and will unquestionably have its part in leading us to success in treatment.

**PRINCIPLES AND PRACTICES OF INHALATIONAL THERAPY.** By Alvan L. Barach, M.D., Associate Professor of Clinical Medicine, Columbia College of Physicians and Surgeons; Assistant Attending Physician, Presbyterian Hospital. 59 Illustrations. Philadelphia, London, and Montreal: J. B. Lippincott Company, 1944. Price \$4.00.

The author gives a historical sketch of the development of inhalation therapy, a study of the air gasses, and the gradual realization that some inert gases can be substituted for others, and that oxygen can be given in various concentration. Inhalation therapy includes the decompression for bends, administration of oxygen for asphyxia, and later treatment for intractable asthma, pneumonia, edema of the lungs, congestive heart failure, anoxia, migraine, postoperative atelectasis, et cetera. The definition of each condition studied, the pathologic physiology, and the inhalation therapy are carefully and

*(Continued on Page 834)*

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completely given. This book is a revelation of new methods, and very practical as well. We have enjoyed reading it, have learned much, and found it one of those books you stay with far into the night.

**FUNDAMENTALS OF PSYCHIATRY.** By Edward A. Strecker, M.D., Sc.D., F.A.C.P., Professor of Psychiatry and Chairman of the Department, Undergraduate School of Medicine, University of Pennsylvania; Psychiatrist to the Pennsylvania Hospital; Attending Psychiatrist, Psychopathic Division, Philadelphia General Hospital, Consultant to the Bureau of Medicine and Surgery, United States Navy; Consultant to the Secretary of War, A.A.F. Second Edition. 15 Illustrations. Philadelphia: J. B. Lippincott Company. 1944. Price \$3.00.

Psychosomatic medicine dates from Socrates in the fifth century, B. C., but its lessons are ever with us. During the present war we have rejected probably more selectees for some form of psychiatric condition than for any other reason. Every physician must deal with psychoses. This is not just another book on the subject. It is a well-prepared text dealing rather fully, but not verbosely with the subject, and is based upon the author's teaching experiences.

**THE ANALYSIS AND INTERPRETATION OF SYMPTOMS.** By Cyril M. MacBryde, M.D., Paul B. Beeson, M.D., Richard H. Freyberg, M.D., Edwin F. Gildea, M.D., Sara M. Jordan, M.D., Sidney A. Portis, M.D., Leon Schiff, Ph.D., M.D., David M. Skilling, M.D., John R. Smith, M.D., and Harold G. Wolfe, M.D. Philadelphia, London and Montreal: J. B. Lippincott Company. 1944.

This is a reprint from *Clinics*, starting with page 1343 to 1644. It is a compilation of treatises on some of the

commonest symptoms which bring the patient to the doctor. Emphasis is placed on analysis and interpretation, with special stress placed upon pathologic physiology. Analytical thinking is stimulated, and a more true diagnosis is sure to follow. A few of the symptoms studied are nervousness and fatigue, fever, headache, thoracipain, cough and its differential diagnosis, abdominal, pain, hematemesis, jaundice, joint pain. It is a very helpful book.

**TECHNIQUE IN TRAUMA. PLANNED TIMING IN THE TREATMENT OF WOUNDS, INCLUDING BURNS.** By Fraser B. Gurd, M.D., C.M., and F. Douglas Ackman, M.D., C.M., in Collaboration with John W. Gerrie, M.D., C.M., Edward S. Mills, M.D., C.M., and Frederick Smith, M.D. Preface by John S. Lockwood, M.D., University of Pennsylvania, with Commentary by Ralph R. Fitzgerald, M.D., C.M., McGill University. From The Montreal General Hospital and McGill University. Philadelphia, London, and Montreal: J. B. Lippincott Company, 1944. Price \$2.00.

The increasing importance of burns in both military and civilian life is the excuse for this small volume. It gives day-by-day outlines of treatment of burns and other trauma, with pictures, charts, and several valuable colored charts. The major burns are placed in a burn tent with temperature raised to 80 degrees. Shock is immediately counteracted, and plasma immediately given by continuous drip preferably. Each step in treatment is given in one, two, three order up to nine. For the industrial surgeon and the military surgeon this is a valuable guide.

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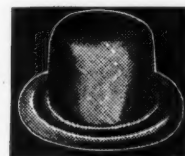
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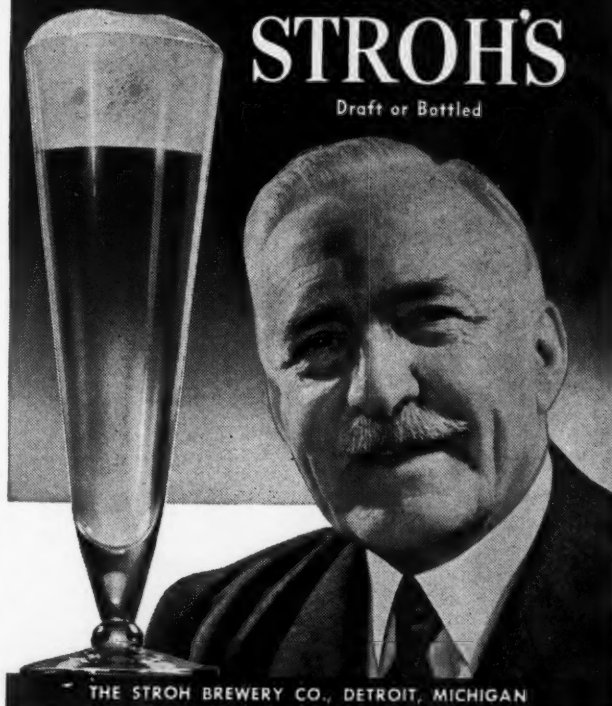
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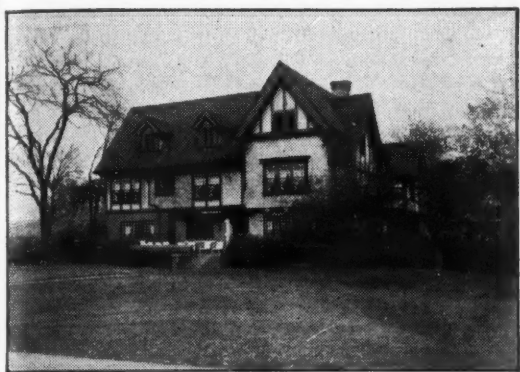
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OCTOBER, 1944

No. 10

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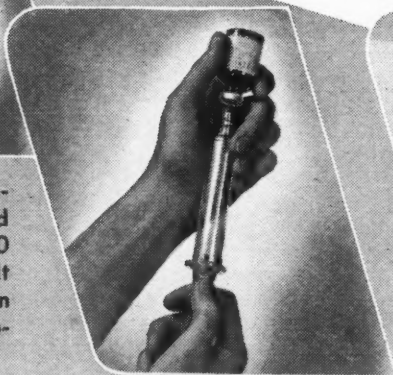
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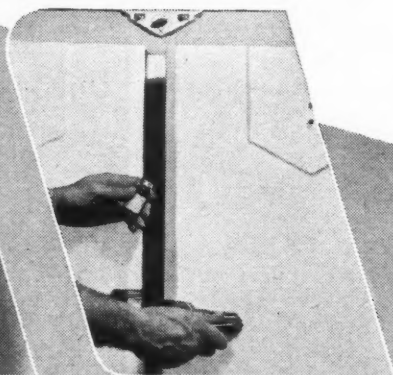
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*Therapeutic Reference Table . . . Penicillin-C.S.C.*

CONDITIONS IN WHICH PENICILLIN IS THE BEST THERAPEUTIC AGENT AVAILABLE

CONDITION	MODE OF ADMINISTRATION <sup>1</sup>	DOSE <sup>2</sup>	DURATION AND COLLATERAL THERAPY
1. All staphylococcal infections with and without bacteremia:			
• Acute Osteomyelitis	Intramuscular or Intravenous and Local	10,000 to 15,000 O.U. every 4 hours	7 days or less; debridement and surgery as required
• Chronic Osteomyelitis	Intramuscular or Intravenous and Local	250 to 500 O.U. per cc. P.U.C.I. solution	
• Carbuncle, Soft Tissue Abscess	Intramuscular or Intravenous and Local	20,000 O.U. every 4 hours	According to response; debridement and surgery as required
• Chronic Abscess Formation	Intramuscular or Intravenous	250 to 500 O.U. per cc. P.U.C.I. solution	
	Intramuscular or Intravenous	10,000 to 15,000 O.U. every 4 hours	7 days or less
		20,000 O.U. every 4 hours	According to response
3. All hemolytic streptococcal infection:			
• Cellulitis			
• Mastoiditis			
• Mastoiditis with intracranial complications (meningitis, abscess formation, etc.)			

A page of the "Penicillin-C.S.C. Therapeutic Reference Table," showing recommended dosages and modes of administration; a copy is yours for the asking.

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# *HEROES... Behind Masks*

**B**OMBS screaming down... shells crashing... the crazy chatter of strafing planes' machine guns... they're the "background music" of the drama that's played on every fighting front every day by the surgeons of the field clearing-stations.

"Soldiers in white"... heroes—behind masks.

Naturally we are proud that their choice of a cigarette—in those moments when there's a brief respite for a heartening smoke—is likely to be Camel. The milder, rich, full-flavored brand favored in the Armed Forces all over the world.

Camel is truly "the soldier's cigarette"!



**COSTLIER  
TOBACCOS**

# Camel



Reprint available on cigarette research  
—Archives of Otolaryngology, March,  
1943, pp. 404-410. Camel Cigarettes,  
Medical Relations Division, One  
Pershing Square, New York 17, N. Y.

OCTOBER, 1944

Say you saw it in the *Journal of the Michigan State Medical Society*

## Detroit Is Host to Association of American Medical Colleges

All Michigan doctors and their families and friends are invited to hear Charles F. Kettering, famous General Motors vice president, research genius, and thought-provoking speaker, at the Hotel Statler in Detroit at 7 p. m. Monday evening, October 23.

The occasion is the annual dinner of the Association of American Medical Colleges. Dr. Edgar H. Norris, dean of the Wayne University College of Medicine which is host to the Association, promises the dinner will be an epochal affair. More than a thousand guests are expected, and connecting ballrooms, especially decorated, will be thrown open to receive them. There'll be a topnotch band. More than 200 Wayne medical stu-

dents, in uniform will be seated at special tables. The speaking program will be compressed to the single highlight—Mr. Kettering's address.



You'll meet these men at the annual dinner of the Association of American Colleges of Medicine on Monday, October 23. In the center is Dr. Edgar H. Norris, dean of Wayne University's College of Medicine and over-all co-chairman of the convention. At the right is Dr. Burt R. Shurly, immediate past president of Detroit's Board of Education which operates Wayne University, and veteran member of the Wayne Medical faculty. At the left is Judge Edward P. LaJoie, chairman of the Buildings and Grounds Committee of the Medical Science Center of Wayne University. The three are studying a model of the projected \$50,000,000 Medical Science Center.

Wives and friends are welcome at the dinner. It being wartime, dress will be informal. Tickets are \$3.50, and may be reserved right up to the banquet time by writing or telephoning the Wayne University College of Medicine, 1512 St. Antoine, Detroit 26, Michigan. The College of Medicine has reserved plenty of rooms at the Statler, in case guests should wish to make the dinner the climax of a Detroit week end.

Dr. Norris urges that doctors stay for the entire three-day session. The program of the 55th annual meeting of the Association follows:

### Monday, October 23

Postwar Medical Education—GEORGE S. EADIE, and W. C. DAVISON, Duke University School of Medicine.

Graduate Medical Education in the Postwar Period.—C. SIDNEY BURWELL, Harvard Medical School.

Discussion opened by HAROLD S. DIEHL, University of Minnesota Medical School.

Declaration of the Teaching Program—DONALD B. TRESSIDER, Stanford University; C. C. CARPENTER, Bowman Gray School of Medicine; J. ROSCOE MILLER and GEORGE H. GARDNER, Northwestern University Medical School.

Discussion opened by FRANCIS SCOTT SMYTH, University of California Medical School.

Address of President—E. M. MACEWEN, State University of Iowa College of Medicine.

### Tuesday, October 24

The Teaching of Physical Diagnosis—GORDON B. MYERS, Wayne University College of Medicine.

Requirement of Internship for Graduation—L. R. CHANDLER, Stanford University School of Medicine; WILLIAM PEPPER, University of Pennsylvania School of Medicine; C. D. CREEVY, University of Minnesota Medical School.

Discussion opened by STANLEY DORST, University of Cincinnati College of Medicine.

The Internship: When to Contact Students, Time of Appointment—JOSEPH TURNER, Director Mount Sinai Hospital, New York; L. S. WOODWORTH, Associate Director Harper Hospital, Detroit and President Michigan Hospital Association.

Discussion opened by R. C. BUERKI, University of Pennsylvania Graduate School of Medicine; JEAN A. CURRAN, Long Island College of Medicine.

(Continued on Page 852)

# CAMP ANATOMICAL SUPPORTS

for

## NEPHROPTOSIS



TOGETHER with treatment for any existing infection of the urinary tract, Camp Supports have proven valuable adjuncts in the relief of symptoms in many cases.

Camp-trained fitters have been instructed to consult the physician as to the position required for the fitting, if reclining or partial Trendelenburg. In the event that the physician desires the use of a pad, the fitter has been instructed to obtain information as to the type of pad to be used and to ask the doctor to mark on the garment or blue pencil upon the patient the exact location of the pad.



### *Advantages of Camp Supports in Conditions of Nephroptosis:*

1. The "lifting" power of Camp Supports is from below upward and backward.
2. Camp Supports are an aid in improving the faulty posture that sometimes accompanies renal mobility.
3. Camp Supports are easily and quickly adjusted.
4. Camp Supports stay down on the body by reason of the foundation laid about the pelvis.
5. Camp Supports are comfortable.
6. Camp Supports are economically priced.

*Camp fitters ask patients to return to their physicians for approval of the fitting.*

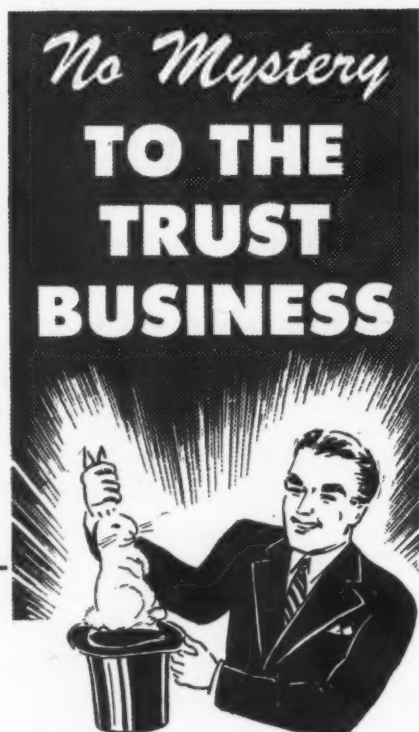
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Trust companies have been a flop at explaining themselves to business men, and the public in general. "Trust" sounds high and mighty. It sounds expensive. But it really is easy to understand . . . and is only as expensive as your requirements dictate.

Starting today, the Equitable Trust Company will, in a series of ads on this page, take the mystery out of the trust business . . . and help you see the wisdom of using the many helpful services on tap here.

If our ads have a slang-y tone, that's the way we want them to sound . . . because we're plain-folks, the same as you. And, in spite of our backlog of safe-and-sound resources we haven't a closed door to anyone.

## **EQUITABLE TRUST COMPANY**

600 GRISWOLD ST.  
Detroit 26 • CHerry 9220

### **DETROIT IS HOST TO AMERICAN MEDICAL COLLEGES**

(Continued from Page 850)

**Wednesday, October 25**

The Teaching of Parasitology and Tropical Medicine—**DANIEL E. HALSEY**, Wayne University College of Medicine.

Mixed Task Forces in Medical Education—**WILLIAM DOCK**, Long Island College of Medicine.

Integration of the Curriculum: Ovreddepartmentalization—**JAMES A. GREENE**, Baylor University College of Medicine; **GEORGE T. HARRELL, JR.**, and **HERBERT M. VANN**, Bowman Gray School of Medicine.

Discussion opened by **E. STANLEY RYERSON**, University of Toronto Faculty of Medicine.

A Study made by the Illinois Academy of Science on Premedical Education—**C. I. REED**, University of Illinois College of Medicine.

Discussion opened by **GEORGE H. GARDNER**, Northwestern University Medical School.

### **MSMS RADIO PROGRAM**

Departing from traditional standards, "that the general public may have a more intimate knowledge of the great contributions and tireless efforts of the doctors who serve them," the Michigan State Medical Society has entered the field of advertising via radio.

Stressing the importance of maintaining the private practice of medicine and of increasing the use of prepayment medical and hospital plans, the Society is sponsoring a series of five-minute transcribed dramas on twelve Michigan stations.

The thirteen-week series, which began July 31, is being heard twice weekly on the following stations:

WXYZ—Detroit	WDMJ—Marquette
WDBC—Escanaba	WSOO—Sault Ste. Marie
WKBZ—Muskegon	WELL—Battle Creek
WBCM—Bay City	WFDF—Flint
WJIM—Lansing	WIBM—Jackson
WOOD—Grand Rapids	WHDF—Calumet

Titled "American Medicine," the sketches are dramatized by professional actors and portray historic episodes in medicine. Closing commercials of each include the lines:

"Led by Michigan, thirty-seven states now have voluntary prepayment medical or hospital plans developed by the medical profession and the hospitals.

"No theoretical plan, sponsored and controlled by federal bureaucrats and paid for by you, should replace the tried and proven system of private practice now in use."—*Advertising Age*, Aug. 6, 1944.



Constipation probably is encountered more frequently than any other condition the physician is called upon to treat.

A new method of treatment is "Smoothage" as provided by Metamucil. With "Smoothage" the need for harsh cathartics or intestinal irritants is obviated.

**METAMUCIL** is a highly purified, non-irritating extract of a seed of the psyllium group, *Plantago ovata* (50%), combined with dextrose (50%). It provides gentle physiologic impulses which activate peristalsis.

**INDICATIONS:** Chronic Constipation • Hemorrhoids • Colitis • Special Diets • Constipation of Pregnancy, Convalescence, Senility.

• Metamucil is supplied in 1-lb., 8-oz. and 4-oz. containers.

**G.D. SEARLE & co.**

ETHICAL PHARMACEUTICALS SINCE 1888

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Metamucil is the registered trademark of G. D. Searle & Co.

**SEARLE**  
RESEARCH IN THE SERVICE OF MEDICINE



## WAR BULLETINS



### 36TH GENERAL HOSPITAL

Michigan's own 36th General Hospital unit, organized under auspices of the Wayne University College of Medicine and staffed by Detroit and Michigan men and women, has won highest commendation from the commanding officer of Headquarters Peninsular Base Section in Italy.

The 36th was stationed at Naples during the early months of the Italian campaign. The quarters it occupied have lately been returned to Italian civilians, and the 36th, recently detached from the Peninsular Base Section, expects immediate assignment to another war area. The commendation reads:

"Upon the separation of your organization from the Peninsular Base Section I wish to express to you, your officers, nurses and enlisted personnel my sincere appreciation of the excellent performance of your various duties while assigned to this Base.

"It has indeed been a pleasure to have your organization with this command and I regret your separation from the Peninsular Base Section. The professional ability and untiring devotion to duty of the members of your organization have done much to add to the comfort and well-being of casualties admitted to your hospital. You should each be justly proud of a task well done."

The 36th General Hospital unit has been overseas for twenty months. It was organized under Wayne University College of Medicine auspices, by authority of the Secretary of War, and its roster includes fifty-two physicians, 105 nurses and about 500 enlisted personnel. Virtually all of these are from Detroit and Michigan. The 36th followed the invading Americans from Africa to Italy, and was the first general hospital to start professional activities on the continent. This is the same hospital that served in France in the other war under Col. B. R. Shurly.

### SURGICAL OPERATING TRUCKS TAKE HOSPITAL TO WOUNDED SOLDIER

The Army Medical Department has established Mobile Surgical groups, which provide hospital facilities for wounded soldiers near the front lines. The tent is carried on a two-wheel trailer along with an electrical generating unit; the hospital vehicle can be made ready for full operation within thirty minutes. Sufficient room is provided for operating teams composed of surgeons, nurses and technicians, making it possible for two men to be operated upon simultaneously. The unit is capable of caring for from eighty to 100 men a day. The truck is equipped with a variety of special instruments for orthopedic, nerve, chest, maxillo-facial and brain surgery; operating tables, steam and dry sterilizers, lighting equipment, medicines, blood plasma, bandages and dressings, record files, auxiliary power unit, surgical linens and operating gowns.



### MICHIGAN FLIGHT SURGEON RECEIVES MEDAL

An Eighth Air Force Bomber Station, England—Captain Harold A. Timreck, thirty-one, of Tawas City, Michigan (left) is pictured receiving congratulations from his base commander, Lieutenant Colonel Glendon P. Overing of Orange, Massachusetts, upon receiving the Soldier's Medal for his heroic action in helping save the lives of airmen trapped in a flaming plane. Captain Timreck, a flight surgeon at this Eighth Air Force heavy bombardment base, practiced medicine in Gladwin County, Michigan, before entering the AAF in May, 1941. He received his wings November 5, 1942. The son of Charles Timreck, Jr., of Tawas City, he is married to Mrs. Myrna Lou Timreck of the same place.

### THE REORGANIZATION OF THE OFFICE OF THE SURGEON GENERAL

The post of Assistant Surgeon General, to be filled by Brigadier General Raymond W. Bliss, was created in a partial reorganization of the Surgeon General's Office it was announced on August 25. General Bliss will hold the new post in addition to his duties as Chief, Operations Service.

The Assistant Surgeon General will act for the Surgeon General in co-ordinating the work of the Operations Service, the various professional divisions, the

(Continued on Page 856)



**Benzedrine Inhaler** in the  
**ARMED FORCES**

Benzedrine Inhaler has for some time been available to Flight Surgeons for distribution to high altitude flying personnel of the Army Air Forces for the relief of nasal congestion.

It has now been made a standard item for issue to all Army personnel on presentation by physicians.

*Smith, Kline & French Laboratories, Philadelphia*

**Benzedrine Inhaler**



**Rapid, Complete and Prolonged Shrinkage**

Each tube is packed with racemic amphetamine, S.K.F., 200 mg.; oil of lavender, 60 mg.; menthol, 10 mg.

## War Medicine

(Continued from Page 854)

Military Personnel Division and the activities of other divisions and services that affect operations.

Other organizational changes include dissolving of the Administrative Service, the Fiscal, Legal and Office Service Divisions of that service will report directly to the Executive Officer as previously; the Professional Service is dissolved and four Professional Consultant Divisions are created as follows: Medical, Surgical, Neuropsychiatric and Reconditioning; the Nursing Division is dissolved and all personnel and related aspects of the Army Nurse Corps will be the responsibility of the Army Nurse Branch of the Military Personnel Divisions, Personnel Service with over-all policy aspects of the Army Nurse Corps the responsibility of the newly-constituted Nursing Division of the Professional Administrative Service.

A new Professional Administrative Service is created, with Colonel Arden Freer as Chief and Colonel Esmund R. Long, Deputy Chief. It will include the following: Physical Standards Division, Nursing Division, Medical Statistics Division, Professional Inquiries Unit, Women's Health and Welfare Unit.

### THE WHOLE BLOOD PROGRAM OF THE SURGEON GENERAL

The first shipment of whole blood from the United States to soldiers wounded in France was made by the U. S. Army Medical Department by Army plane on August 21. Daily shipments have been made since; 250 pints a day the first week, 500 pints a day the second week and 750 pints a day will be shipped soon.

Type "O" blood is being collected by the Red Cross for the shipments in response to appeals from Major General Norman T. Kirk, Surgeon General of the Army and Rear Admiral Ross T. McIntyre, Surgeon General of the Navy.

The whole blood is prepared for shipment on the day it is drawn, and 21 hours after it leaves the United States, is available for transfusion in France.

Brig. General F. F. Rankin and Colonel B. N. Carter, of the Surgical Consultant Division with Lieut. Colonel Douglas B. Kendrick, consultant to The Surgeon General on Transfusions and Plasma, developed the program for the Army Medical Department. New developments in the preservation and refrigeration of whole blood were worked out to make the plan effective.

### REQUIREMENTS LISTED FOR SANITARY CORPS OFFICERS

Sanitary Corps officers have been placed in a scarce category. The Preventive Medicine service, The Surgeon General's Office, is seeking qualified men to become commissioned officers, and has announced the minimum requirements of enlisted personnel for appointment as second lieutenants. Applicants must have a bachelor's degree with an appropriate science major, and a minimum of two years' experience in the particular field

in which the applicant is qualified. In exceptional instances (upon the specific recommendation of their commanding officers) bacteriologists, biochemists, serologists, and parasitologists may be considered for a commission upon the completion of one year of Army laboratory experience.

### FOUR THOUSAND ARMY NURSES NEEDED IMMEDIATELY

The Army Nurse Corps, in conjunction with the Office of War Information, the Red Cross, the National Nursing Council for War Service, the War Manpower Commission, and the Recruiting Publicity Bureau of the Army, is making a concentrated effort to obtain 4,000 nurses before October 1, 1944. The need is urgent because of the increasing number of casualties.

### REPAIRING SPECTACLES AT THE FRONT

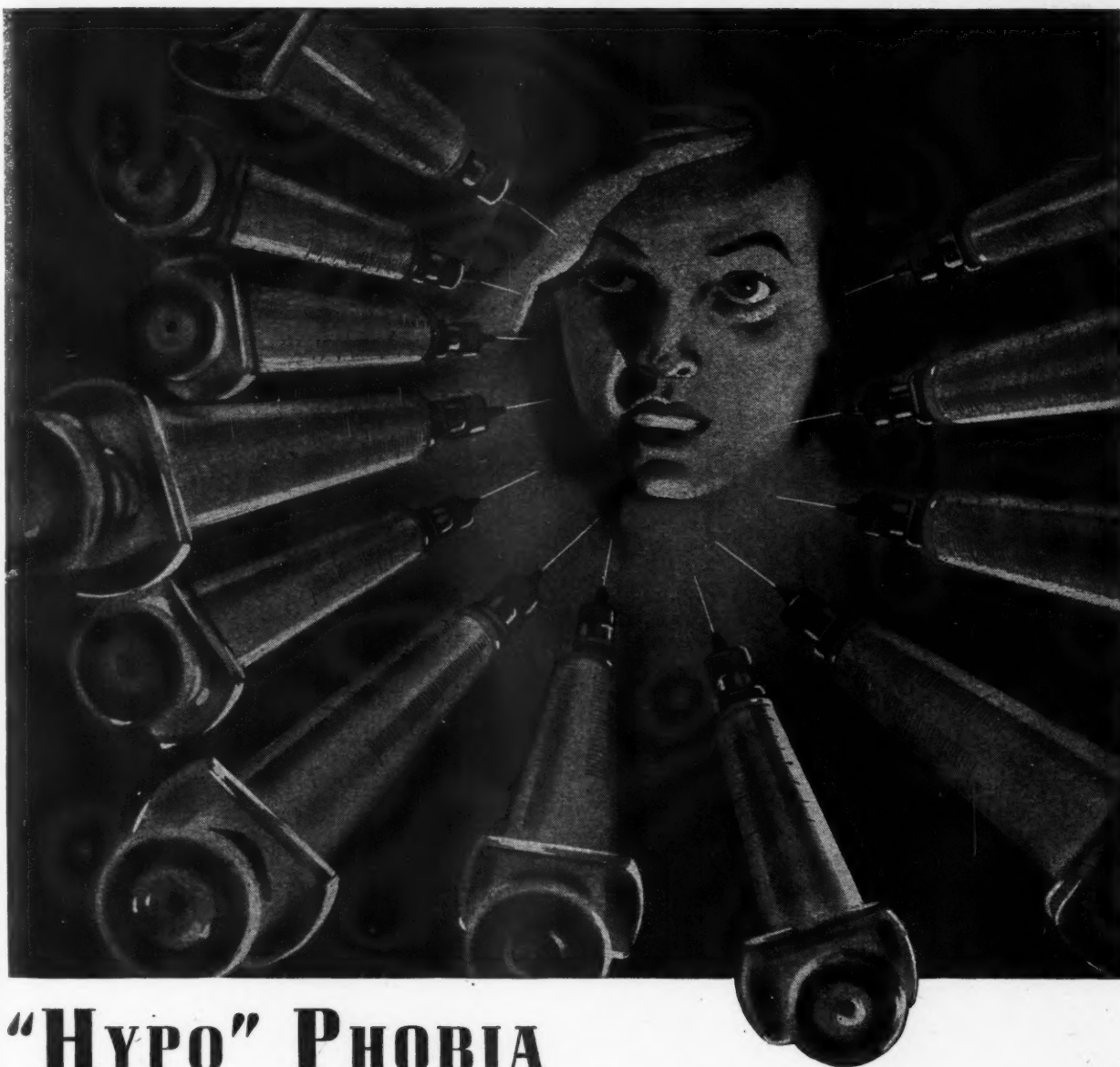
Optical Repair Unit trucks have been devised by the Medical Department to provide repair and replacement facilities for spectacles in overseas theaters. Special bodies have been built which contain complete optical repair shops. These optical repair units are mounted on two and a half ton trucks; their mobility enabling them to keep up with advance forces making it possible to issue and repair spectacles for troops. The truck is equipped with heat and electricity and is so devised that the staff of seven can work at one time. Each unit is staffed by one officer and six enlisted men who are opticians skilled in the maintenance of spectacles; it is capable of turning out between eighty and 100 complete spectacles a day.

### HOSPITALS STAFFED BY GERMAN DOCTORS OPENED IN OKLAHOMA

The Army Medical Department has established a separate prisoner-of-war hospital staffed with doctors and medical corps men of the prisoner's nationality. The first hospital, Glennan General Hospital, having a bed capacity of 1,700, has been established at Okmulgee, Oklahoma, for German war prisoners. American Army doctors are the chiefs of the medical services. Eight German physicians have been assigned to medical work. It is anticipated the number will be increased to thirty or forty.

The Medical Department's new policy is in accord with the Geneva Convention Treaty which stipulated that "It shall be lawful for belligerents reciprocally to authorize, by means of private arrangements, the retention in camps of physicians and attendants to care for prisoners of their own country."

Six to one is now the average ratio of federal to state civilian employees. Approximately three million people or, roughly, five per cent of the working population of the United States now work in the executive branch of the Federal Government.



## "HYPO" PHOBIA

● A single injection daily of 'Wellcome' Globin Insulin with Zinc will control most moderately severe and many severe cases of diabetes. Thus it helps diminish the "hypo" phobia which so often dominates the mental attitude of patients who have been receiving several injections daily.

'Wellcome' Globin Insulin with Zinc helps turn problem diabetics into better adjusted and more cooperative patients. 'Wellcome' Globin Insulin with Zinc is timed to the patient's needs. One injection

provides a rapid onset of action in the morning and sustained daytime effect with the safety of diminishing activity during the night.

'Wellcome' Globin Insulin with Zinc is a clear solution and, in its freedom from allergenic reactions, is comparable to regular insulin. This new advance in insulin therapy was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc.

'Wellcome' Trademark Registered

*Literature on request*



BURROUGHS WELLCOME & CO., (U. S. A.) INC.  
9-11 East 41st Street, New York 17, New York



**It fights infection  
while she sleeps**



The striking success of Paredrine-Sulfathiazole Suspension in nasal and sinus infections is largely due to its prolonged bacteriostatic action. When the Suspension is administered on retiring, for example, sulfathiazole can often be observed on infected mucosa the next morning—conclusive evidence that bacteriostasis has persisted all night long.

The fundamental reason for this prolonged bacteriostatic action is the fact that Paredrine-Sulfathiazole Suspension—not a solution, but *a suspension* of free sulfathiazole—covers the nasal mucosa with a fine, even frosting of sulfathiazole, which does not quickly wash away. Yet the Suspension does not cake or clump, and does not interfere with normal ciliary action.

Other outstanding advantages:

1. The Suspension does not irritate or sting, because its pH is slightly acid, and identical with that of normal nasal secretions.
2. The Suspension does not produce such central nervous side effects as insomnia, restlessness and nervousness.

Smith, Kline & French Laboratories, Philadelphia, Pa.

# PAREDRIE-SULFATHIAZOLE SUSPENSION

1 Prolonged  
bacteriostasis

2 Non-stimulating  
vasoconstriction

3 Therapeutic  
pH—5.5 to 6.5



## YOU AND YOUR BUSINESS



### PORTABLE UNITS FOR TUBERCULOSIS SURVEYS

■ Many of our members have questioned the present status of the tuberculosis surveys as they are being carried on in the State of Michigan by the Department of Public Health, and others. There has been criticism of the methods and programs. Numerous Roentgenologists have protested that their field of private practice has been invaded. Others have stated that in the interest of finding all possible cases of tuberculosis, and placing them in line for isolation and curative measures they would co-operate in any methods that promised even fairly promising results. However, even these men thought that the taking of the 11 by 14-inch plates is after all the private practice of medicine, and should not be indulged in by state bureaus.

This question of portable unit surveying for tuberculosis has come up at the meetings of the Council of the Michigan State Medical Society numerous times. It has also been discussed at various of our County Medical Society meetings. To bring the present status of the problem to the attention of our members more clearly we are herewith presenting some of the late conferences. At the meeting of the Executive Committee of the Council on June 22, 1944, discussion took place and the minutes report as follows:

*Portable Tuberculosis Units.*—This matter was presented by E. R. Witwer, M.D., President of the Radiological Society of North America. He stated that the objective of the Federal authorities was to have an x-ray of every chest in the United States, and further to establish a school in Bethesda to train Doctors of Medicine in six months to one year to interpret these films and then to assign them to some 1,000 portable units which would cover all parts of the United States. He felt that surveys are here to stay and that the medical profession should try to co-operate insofar as it could; but he objected to the follow-up by these portable units in taking full size x-ray pictures of suspicious cases and interpreting them—at government expense—which presents the practice of medicine by government. He stated that a bill had been or was about to be introduced requesting \$150,000,000 to make the above-mentioned survey.

The matter was discussed by Drs. Foster-Haughey-Umphrey-Moore-Keyport and Brunk.

"Dr. Moore felt that he must always oppose the use of the 35 mm. film, as unsatisfactory, and that he must oppose the follow-up by the government in taking the larger film—that this work should be sent to the patient's physician. Dr. Brunk felt that the follow-up constitutes the practice of medicine by the state and federal governments.

"State Health Commissioner Wm. DeKleine, M.D., entered the meeting. Dr. Witwer explained the above matters to him, after which Dr. DeKleine presented a statement on the plans of the Bureau of Tuberculosis, State Department of Health, in connection with the Tuberculosis survey. He stated that the units will go into communities only with the approval of the county medical society; they will not go into Detroit, or into industrial plants equipped to do this screening work. Dr. DeKleine stated that he would be glad to refer patients

to their private Roentgenologists to make the larger films, if the State Department has sufficient money to cover the expense. He added, 'I promise that the M.D.'s. will be contacted.' He also promised that he would discuss this matter with George L. Sherman, M.D., of the Tuberculosis Bureau (now on vacation) to see what arrangements could be made, so that the state would not enter the practice of medicine.

"Dr. DeKleine was thanked for his attendance and discussion at this meeting."

Dr. DeKleine presented the following report from the bureau of tuberculosis of the Department of Health, dated June 22, 1944:

"The present mobile photo x-ray unit has been in operation since the fall of 1940. Since that time 127,704 x-rays have been taken on 4x5-inch films in 50 counties in Michigan. Special emphasis was given early in the program to the tuberculosis problem in the Houghton-Keweenaw area in the Upper Peninsula.

"During the 1943 calendar year, 40,267 x-rays were taken with this unit. Twenty-seven counties in Michigan were visited. Forty-five war industries were surveyed, with a total of 16,796 films taken. This truck-mounted, photoroentgen machine has screened as many as 500 persons in one working day. The number of x-rays taken is dependent upon the supplying of a steady flow of people into the bus, and the number of times the bus changes location. Allowance must be made for travelling time and for hooking up the unit for power connections.

"Requests on file for this service during the year far outnumbered the capacity of one unit. An appeal to the district office of the U. S. Public Health Service brought a federal grant for this expansion of this program. Budget revisions in March and April of this year provided a total of \$25,253.00 for the purchase of two new 35 mm. photo-fluorographic units, and for supplies, maintenance and personnel for the operation of the units for the remainder of the fiscal year. Bids were opened for this equipment on May 19 and purchase orders were placed with Westinghouse X-Ray Corporation on May 23 with shipment guaranteed within 120 days. One additional technician has already been hired and is now being trained. The units are of the portable type, and will be transported in three-quarter ton panel trucks, and carried into a building where they will be set up quickly and easily. Both trucks (used) are on order and one is now in the state garage where it is being checked.

The U.S.P.H.S. has promised the loan of one complete 35 mm. unit to be available about the first of July, 1944. We were to be notified definitely at least two weeks in advance but have not had this notification to date. Dr. Sherman plans to use this unit in a survey in Oakland County. The borrowed unit will be used until our own new units arrive.

"*Oakland County Survey.*—Dr. Sherman, Director of the T. B. Bureau, Miss Nash and Miss Fox, organizers for the Bureau of Maternal and Child Health, attended a committee meeting in Pontiac on June 1, to discuss plans for organization of the survey. A list of members of the committee, headed by John S. Lambie, M.D., President of the Oakland County Tuberculosis Association, and former President of the Oakland County Medical Society, is attached. The folder attached contains

(Continued on Page 862)



## Estrogenic Substance in Oil

CHEPLIN'S purified preparation of naturally-occurring estrogenic substance is physiologically standardized, and its potency expressed in terms of international units—assuring definite uniformity of action. ESTROGENIC SUBSTANCE is isolated from pregnant mare

urine and contains principally estrone and estradiol in sesame oil. Indicated in menopausal symptoms and sequelae as pruritus vulvae, senile vaginitis and kraurosis vulvae—also in gonorrheal vaginitis of children. Literature on request.

### ESTROGENIC SUBSTANCE IN OIL for intramuscular use supplied in:

2000 Int. Units per cc.  
5000 Int. Units per cc.

10,000 Int. Units per cc.  
20,000 Int. Units per cc.

### Each strength is respectively furnished in:

1 cc. ampules . . . 6, 12, 25 and 100 per box.  
10 cc. vials . . . . . 1 vial & 3 vials per box.  
30 cc. vials . . . . . 1 vial & 12 vials per box.

**"ACCEPTED  
STANDARDS AT  
AN ACCEPTABLE COST"**

**CHEPLIN BIOLOGICAL LABORATORIES, INC.**

(Unit of Bristol-Myers Company)

Syracuse, New York

## You and Your Business

(Continued from Page 860)

correspondence which you may wish to look over. Dr. Sherman was impressed with the spirit of co-operation apparent among all those present at the meeting.

"The plan is that the Michigan Department of Health will supply the equipment, chemicals, etc., as well as the technician, a physician to read the films (either full-time or a local physician on contract) and one person to assist in organizational details. Films will be processed in Oakland County and read there. Dr. Sherman has contacted Dr. Kimball, Medical Superintendent of the Oakland County Sanatorium, for assistance in the interpretation of films. The new units are equipped to do re-examinations, when indicated, on 14x17-inch films. Responsibility for follow-up and provision of sanatorium care when indicated, will of course rest with local physicians and the Pontiac City and Oakland County health departments. This is true of all surveys conducted with our equipment.

"*Future Programs.*—No definite commitments have been made for the two new units except for the Oakland county program. The 4x5 unit is booked solidly through August, 1945. Requests are on file in the Bureau for programs in several state normal colleges and state institutions, and for several county projects which will include mainly industrial surveys. Dr. Sherman plans to work out these new schedules as soon as the first unit arrives and the survey in Oakland county gets under way. He feels that, after he has had an opportunity to observe the new units in operation, it may seem feasible to substitute the new units for some of the programs already scheduled for the 4x5 unit. The new units are more adaptable to mass surveying of very large groups, and have the added advantage of re-ray facilities on the spot.

"As you know, Dr. Sherman visited the industrial survey program conducted in Cleveland by the U. S. Public Health Service. I am attaching a copy of his report of that visit. A representative of the Statistical Division, U.S.P.H.S. will visit Dr. Sherman on Monday, June 26th, to discuss plans for tabulating the results of these surveys. The International Business Machine people have a service through their Grand Rapids Bureau whereby they will tabulate material on punch cards. Dr. Sherman asked me to investigate this service and I have some figures on the cost, et cetera of this plan."

There was a long discussion on this matter at the meeting of the Council on July 21 and 22, 1944, at the Grand Hotel, Mackinac Island. Many opinions were expressed as to the value of these various surveys. It seems to be the general opinion that the 4x5 inch film was most valuable but that the 35 mm. film can now be obtained and the others cannot. Therefore, to promote tuberculosis surveys these should be used until more suitable films and machines are available.

The following extract of the minutes of the Council meeting of July 21 and 22 is presented:

"*Portable X-ray Units.*—The minutes of the June 22 meeting of the Executive Committee of the Council, on this subject, were read. Dr. Vaughan spoke for himself based on experience in Detroit and gave his experience and background in that city concerning portable x-ray units. The matter was thoroughly discussed by Drs. Hubbell-Riley-Moore-Ledwidge—all of whom felt that the 4x5 film was to be preferred to the miniature or 35 mm. film and further that nothing will supplant the 14x17 stereos for final determination of cases. Dr. DeKleine stated that USPHS has recommended the use

of the 35 mm. film and further that it cannot obtain the x-ray machines which can use the 4x5 films due to lack of priority. In discussion, Dr. DeKleine stated "We are in the business of finding tuberculosis—we are not in the treatment business. We will not quarrel with the Roentgenologists, we will not interfere with the private practice of medicine; whenever it interferes with the private practice of medicine, I will call off the program."

This material is presented to give our membership an accurate idea of what is being done on the matter of tuberculosis surveys, and the value of these surveys. Quite generally the roentgenologists have criticized, most of them believing that the 35 mm. film is poor screening, and many of them stating that when it comes to making 14- by 17-inch plates that should be done by x-ray laboratories and not by government bureaus.

### LICENSE DENIED

The Supreme Court of New Jersey, on July 18, 1944, decided the case of Jacob L. Newman, an application for mandamus to compel the State Board of Medical Examiners to license him to practice medicine and surgery in New Jersey, by virtue of his license to practice in the State of Massachusetts, or in the alternative to admit him for examination for such license by that Board. He was a graduate of a sub-standard college in Massachusetts, not recognized by the New Jersey Medical Examining Board. In rendering their decision the Judges concluded that the relator had not shown any violation of his rights which entitled him to relief. Therefore, the application was denied.

### QUICK FREEZE METHOD USED IN KEEPING DISEASE GERMS

Machinery is releasing a lot of animals for more valuable scientific work as a result of a three-year test just announced by the School of Medicine at the University of Michigan.

The test was to try out quick freeze methods in keeping disease germs. The old system was to inject the germs into laboratory mice or rats or guinea pigs. Then in a few days or weeks, the serum had to be drawn off and a new crop of the animals treated. It was a case of keeping the bugs alive in a living host.

Three years ago Dr. Malcolm H. Soule, bacteriology professor and chairman of the Hygienic Laboratory, read a magazine article on quick freeze for keeping foods. He talked with a refrigeration expert and ordered two special units. The tests just announced were made in these.

Germs which produce four diseases were used. These were equine brain fever, chronic cold sores, meningitis and relapsing fever. The first three were tested for 963 days; the last for twenty-seven months. At the end, the germs were just as potent as at the start.

Sizable savings to laboratories all over the country can result, said Dr. Soule. He pointed out that thousands of laboratory animals plus hundreds of hours of skilled technicians' time, not to mention the dollar cost, can be saved or devoted to other work.

(Continued on Page 864)

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The natural vitamin A and vitamin D of time-proved cod liver oil itself—in the proportions typical of U. S. P. cod liver oil—are provided today, as for many years, in the three convenient dosage forms of



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NEWARK 7, NEW JERSEY

## You and Your Business

(Continued from Page 862)

### MEASURES FOR CONTROL OF POLIOMYELITIS

1. During epidemics of this disease children should be kept away from other children and away from homes where there is illness.
2. All individuals should avoid strenuous exercise and becoming over-tired.
3. Careful attention should be given to personal cleanliness, particularly thorough handwashing before eating.
4. Children should be kept out of crowds and away from theaters and crowded transportation facilities until the epidemic season is over.
5. When school is in session, most health authorities agree that children are safer when kept in school than when allowed to play about without adequate supervision.
6. Individuals are urged to avoid tonsil and adenoid operations during epidemics inasmuch as it has been shown that such operations done during an epidemic may predispose to a most severe form of poliomyelitis.
7. Swimming in polluted waters should be avoided and sanitation within the home should be maintained at as high a level as possible.
8. Drinking water should be safe and milk should be properly pasteurized.
9. Flies should be kept away from food.
10. When a case of poliomyelitis occurs in a camp, the camp need not be closed, but the individual with poliomyelitis should be removed and isolated in a hospital and immediate contacts, such as tent or cabin mates, must be placed in isolation for a period of fourteen days. It is advised that the camp director curtail the activity of the individuals attending the camp, allowing no strenuous exercises or fatigue.

\* \* \*

### FEE SPLITTING

Two statutes materially affecting the relationship between physicians and hospitals in the State of New York became effective recently. They are respectively Chapter 459 and Chapter 466 of the Laws of the State of New York.

The first of these statutes relates to physicians rendering medical care under the Workmen's Compensation Law. The second applies to physicians generally.

Section 13d of the statute relating to Workmen's Compensation cases (Chapter 459), provides for the removal of any physician from the lists of those authorized to render medical care who:

"(g) has directly or indirectly requested, received or participated in the division, transference, assignment, rebating, splitting or refunding of a fee . . . for medical diagnosis, care or treatment under this chapter; except that reasonable payment, not exceeding thirty-three and one-third per centum of any fee received under this chapter for x-ray examination, diagnosis or treatment, may be made by a physician duly authorized as a roentgenologist to any hospital furnishing facilities for such examination, diagnosis or treatment."

It should also be noted that sub-division 2 of Section 13c of the same statute provides:

"2. No claim for services in connection with x-ray examination, diagnosis or treatment of any claimant shall be valid or enforceable except by a physician duly authorized as a roentgenologist by the industrial commissioner for services performed by such physician or under his immediate supervision."

Chapter 466 is even more sweeping in its provisions. It is an amendment to the Education Law and provides that the license or registration of any physician may be revoked, suspended or annulled if it be found.

"(f) That a physician has directly or indirectly requested, received or participated in the division, transference, assignment, rebate, splitting or refunding of a fee . . . for medical diagnosis, care or treatment under this chapter, except payment, not to exceed thirty-three and one-third per centum of any fee received for x-ray examination, diagnosis or treatment, to any hospital furnishing facilities for such examination, diagnosis or treatment."

"Existing arrangements between hospitals and physicians will have to be modified *at once* in order to comply with these new laws," stated a bulletin issued by the Joint Council of Pathologists, Radiologists, Anesthetists and Physical Therapy Physicians.

\* \* \*

### NOVEMBER 7, 1944

If there ever was a time when every Doctor of Medicine should cast his vote in a national election, that time surely lies ahead in November.

\* \* \*

### SICKNESS INSURANCE FOR RAILROAD WORKERS

If the Wagner-Crosser bill now pending in Congress (S. 1911) becomes a law railroad workers will be paid benefits during sickness as well as during a period of unemployment, female workers will be entitled to 27 weeks maternity benefits, and annuities may be set up for the surviving members of a worker's family or other relatives. It is backed by the powerful railroad unions, by the Railroad Retirement Board, and by various officials in the Government who have long been planning an expansion of the Social Security Act.

The changes would be financed by an increase in the railroad payroll taxes from \$250,000,000 to \$350,000,000 a year, and by an increase in the tax paid by employees from \$130,000,000 to \$230,000,000. The Wagner-Crosser bill, according to its sponsors, introduces entirely new "social concepts." It is in fact a preview of the changes which will be asked at the first opportune moment in the existing Social Security law.

\* \* \*

### MICHIGAN'S INTANGIBLES TAX

The intangibles tax recommendations of the Tax Study Advisory Committee would provide the following:

Exemptions: Eliminate the "ceiling"; eliminate the exemption of stocks of corporations whose assets are taxable in Michigan; eliminate the credit union exemption; eliminate the \$3,000 exemption on bank deposits and building and loan shares; tax bank and trust company shares as other corporate shares are taxed; narrow the business expense deduction; reduce the \$10 deduction to \$5.

Rates: Fix the rate on income producing intangibles at 5 per cent, instead of 6; fix the rate on bank deposits and building and loan shares at one-tenth of one per cent; fix the rate on other nonincome-producing intangibles at two-tenths of one per cent, except that such intangibles with a market value of less than five per cent of their face value shall revert to the property tax law for assessment and taxation.—Michigan Public Expenditure Survey.

# TABLETS

## ASPIRIN and PENTOBARBITAL

### *Formula*

Acetylsalicylic Acid 5 grs.

Pentobarbital Acid  $\frac{1}{4}$  gr.

## FOR THE RELIEF OF PAIN

ANALGESIC

SEDATIVE

HYPNOTIC

Pentobarbital is quick acting and of moderate duration.  
When combined with salicylates it is more analgesic.  
It has little effect on the respiration.

### *Dose*

For an adult — one tablet.

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# POLITICAL MEDICINE



## A "Flabby, Ailing Nation"

### SHOCKING REPORTS ON HEALTH IN U. S. GIVEN TO SENATORS

By Lansing Warren

WASHINGTON—Gravity of the nation's health as disclosed by examinations for Selective Service and the need for national community action to combat this state of things were brought out Monday at the opening session of the hearings before the Senate Sub-committee on Wartime Health and Education.

The evidence revealed that one third of the men examined for service proved mentally or physically defective, and medical experts are agreed there is urgent necessity for concerted effort to use the information and experience of Selective Service to prepare a national program of health.

#### TRYING TO SCARE US

Well, I see the boys are at it again. American youth is soft and flabby and gone altogether decadent. There is no health in us and we're all headed for the deminution bow wows. Cassandra puts an onion in her handkerchief and her tears make the Mississippi River look like a creek.

\* \* \*

Now it's that great medical authority Paul V. McNutt and Maj. Gen. Hershey, aided and abetted by Dr. Leonard Rowntree, the only one of them who should know anything about the subject. And with all due respect to Dr. Rowntree, he doesn't either. Nobody does. As I am in the same classification, I can speak freely. My answer to their contentions, is simple and scientific; just one word: Nuts.

The American people are the healthiest in all the world; the tallest, strongest, toughest, most durable collection of human beings ever to live on the face of the earth.

Before this war started we were told that American youth was utterly unfit to live. They were mad wastrels, sick in both head and body. There was no future for this country at all.

\* \* \*

That's what the Nazis thought, too. But when Pearl Harbor was hit, what happened? Don't bother answering. We all know what happened. Eleven million of the most virile fighting men the world has ever known snapped into uniform and have been thrilling the whole world ever since with their deeds of valor and their fighting stamina.

But we are still soft and flabby. One third of our people are physically and mentally unfit. All that sounds terrible until you begin to analyze what they are saying.

Let's take a peek at that terribly sick "one third." They are all classed in F-4 as too feeble to fight. Well, we will start out at Briggs' Stadium with one. There's Rudy York, so big and strong that he makes a baseball bat look like a toothpick. With the possible exception of Babe Ruth he can hit a baseball farther than any other man ever in the game.

\* \* \*

But Rudy is rejected for service because he has some kind of a kink in his knee. Take a gander at him and see if you can find anything decadent about him. Then there is Leo Durocher, "Lippy Lou," the toughest, fightingest baseball player in the National League. He was rejected because he could not hear as well in one ear as the other.

Then, also out at Briggs' Stadium, there is the mighty Dick Wakefield, just discharged from the Navy and not wanted by the Army. Probably has corns or is allergic to chocolate sundaes or something. I dunno. He could pose for a statue of Adonis.

\* \* \*

Also, we have in our midst Frankie Sinkwich, All-American football star, rejected by the Marines and the Army because he has FLAT FEET! One of the fastest, toughest backfield players the game has ever seen. If you tell him he's a weakling and a sissy, Doc, you better do it by telephone—long distance at that.

I cite just a few instances to illustrate how much flapdoodle there is to this testimony about our youth being no good. You can multiply these cases by the thousands.

There is the historic case of the Kentucky mountaineer who walked 75 miles in three days to get to a recruiting station and was rejected because he had flat feet and therefore could not stand the strain of marching! So he walked back home—another 75 miles.

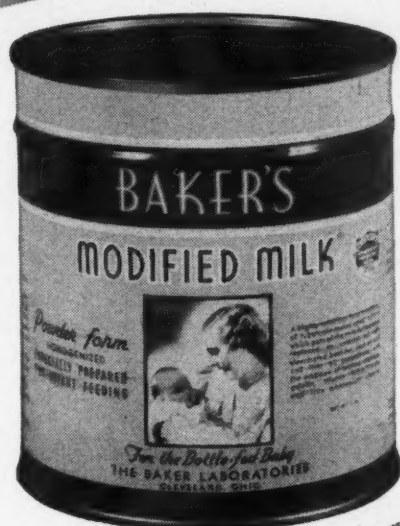
The medical standards set by the United States Army were so high that it is amazing they were able to gather in those 11 million. No such standards were ever demanded in any other nation. No such standards were ever set in any other American war.

And that "one-third" also takes in the wretched colored people of the South and the poor whites who for generations have been the victims of hookworm, malnutrition and every other disease that is associated with poverty. Also our own northern slum areas.

And last of all, these selective service "experts" have no standard to go by. Only in the first World War, when a universal draft was first put into effect, was there ever a survey made of American health. In all other wars nobody ever heard of x-rays, blood tests, and allergies. In the Civil and Spanish-American Wars physical examination was the last thing that was thought of. Nobody bothered examining anybody's teeth.

\* \* \*

Dr. Rowntree says hernia, tuberculosis and venereal disease are the three chief causes for rejections. Our grandfathers took hernia as part of middle age. Today it is the simplest of medical operations. Tuberculosis, once the great white plague, is now classified as a controlled disease and is on its way out. As for venereal disease, there never was a war fought in our history with less evidence of it. And the medical profession knows that it can be eliminated within another 10 years.—By MALCOLM W. BINGAY, *Detroit Free Press*, July 11, 1944.



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**A**NOURISHING ration for all infants and one that is well tolerated by those of premature birth.

Years of use, under physicians' directions, prove the value of Baker's Modified Milk either complementary to or entirely in place of human milk, starting at birth and continuing through the bottle-feeding period. Baker's is well supplied with the nutritive elements for normal growth and is fortified with seven dietary essentials, including liberal protein content (60 per cent more than human milk).

Physicians favor Baker's Modified Milk because it is particularly useful in difficult feeding cases... helps to discourage regurgitation and to correct loose or too frequent stools, especially when acidified.

Mothers like the convenience of Baker's Modified Milk—keeps well, without refrigeration...easy to use both at home and when traveling because Baker's is available in powder and liquid form. For feeding, it is diluted to the prescribed strength with cool water, previously boiled.

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★ ★ ★

Baker's Modified Milk is made from tuberculin-tested cows' milk in which most of the fat has been replaced by animal and vegetable oils with the addition of lactose, dextrose, gelatin, iron ammonium citrate, vitamins A, B1 and D. Not less than 400 units of vitamin D per quart.



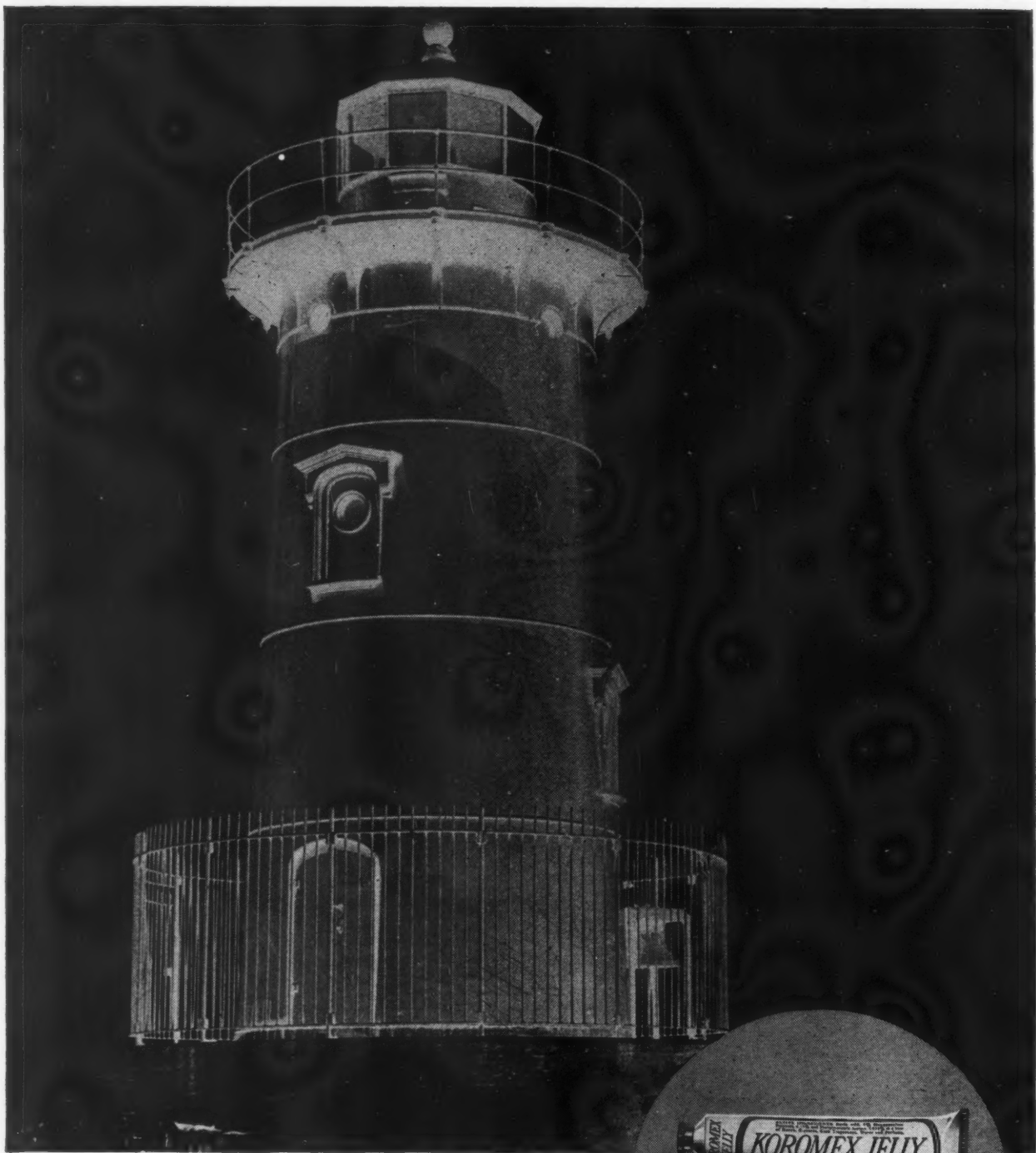
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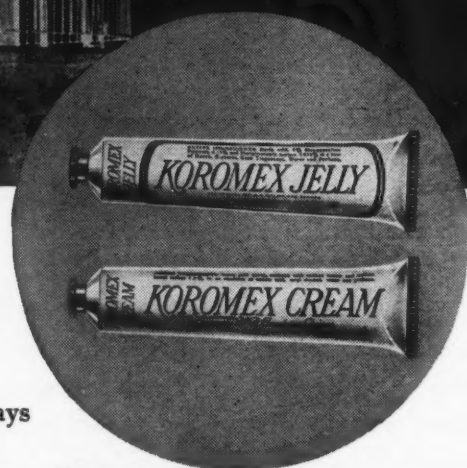
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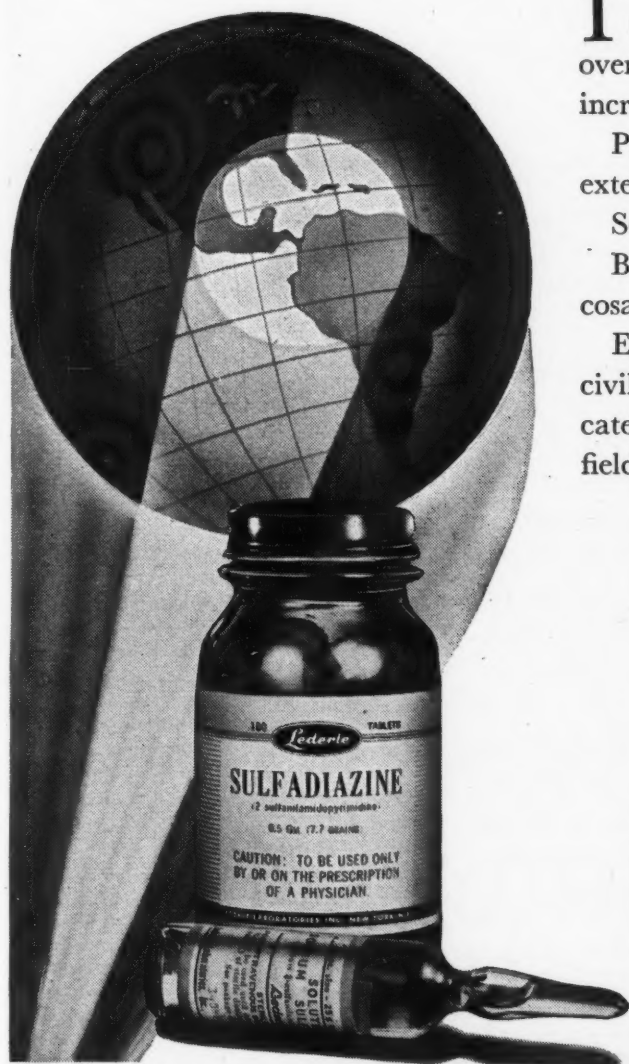


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*Bacillary dysentery—  
a new conquest for*

# SULFADIAZINE

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**I**N THE CONTROL of acute bacillary dysentery, SULFADIAZINE presents certain advantages over the other sulfonamides that have gained increasing recognition.

Prolonged high blood levels tend to prevent extension of the infection.

Secretions in the gut become bacteriostatic.

Bacterial growth within the intestinal mucosa tends to be inhibited.

Extensive clinical experience in military and civilian practice supports these views and indicates increasing use of SULFADIAZINE in this field.

#### REFERENCES:

- HARDY, A. V.; BURNS, W. and DE CAPITO, T.: Pub. Health Rep. 58: 689 (Apr. 30) 1943.  
HARDY, A. V. and CUMMINS, S. D.: Pub. Health Rep. 58: 693 (Apr. 30) 1943.  
HALL, W. W.: Am. Drug Mfgs. Assoc., Annual Convention, Scientific Sec., Hot Springs, Va., May 1, 1944.  
Annual Reports, U. S. Pub. Health Service, 1942-43, p. 122.

#### PACKAGES:

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869

# VASODILATATION in Arterial Hypertension

	ACTION BEGINS	MAXIMUM EFFECT	DURATION OF ACTION
AMYL NITRITE	1 MINUTE	3 MINUTES	7 MINUTES
NITROGLYCERIN	2 MINUTES	8 MINUTES	30 MINUTES
SODIUM NITRITE	10 MINUTES	25 MINUTES	60 MINUTES
ERYTHROL TETRANITRATE	15 MINUTES	32 MINUTES	3 to 4 hours

Comparative effects of commonly used nitrites on systolic blood pressure in normal individuals. The action of Erythrol Tetranitrate Merck begins in 15 minutes and persists for three to four hours.

Among the various preparations available for the treatment of arterial hypertension, Erythrol Tetranitrate offers the advantage of producing a reduction in blood pressure sufficiently prolonged so that administration three times daily may maintain the reduction. This effect of prolonged vasodilatation, beginning within a short time after oral administration, is not obtained with any of the commonly used nitrites.

Erythrol Tetranitrate may be prescribed over a prolonged period with sustained effect. By dilating the peripheral arterioles, it tends to decrease not only the stress of excessive pressure on the arterial walls, but also to relieve the burden on the heart.

## ERYTHROL TETRANITRATE MERCK

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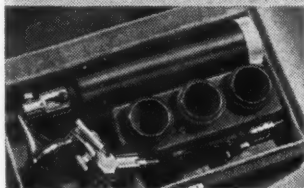
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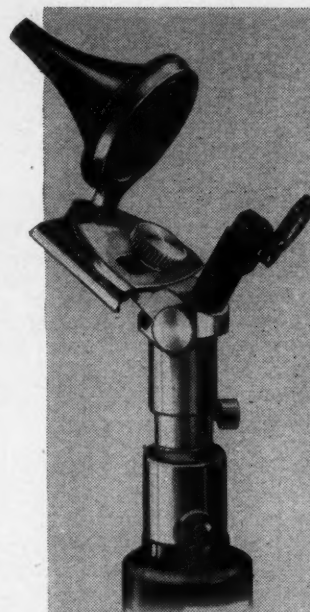


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A smooth, image-free beam of light, projected by the total reflecting prism, provides to the user of the Bausch & Lomb May Ophthalmoscope a clear, sharp fundus picture. Easy and convenient to use, this B&L instrument facilitates accurate diagnosis. Sturdily, precisely built, it will survive years of hard use.



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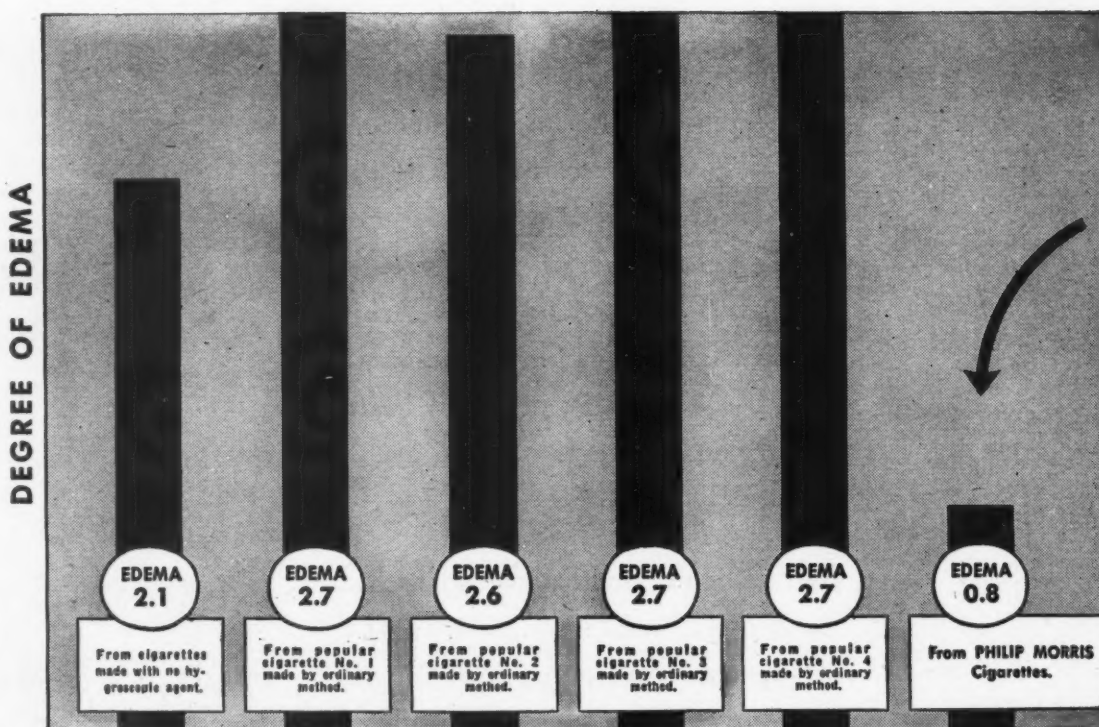
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*that means more than a thousand words*



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Tests made on rabbits' eyes reveal the influence of hygroscopic agents

**CONCLUSION:\*** Results of these tests show that regardless of blend of tobacco, added materials, or method of manufacture, the irritation produced by ordinary cigarettes is *measurably greater* than that caused by PHILIP MORRIS.

**CLINICAL CONFIRMATION:\*\*** On men and women smokers with throats irritated by smoking, PHILIP MORRIS have been shown to be *definitely* less irritating.

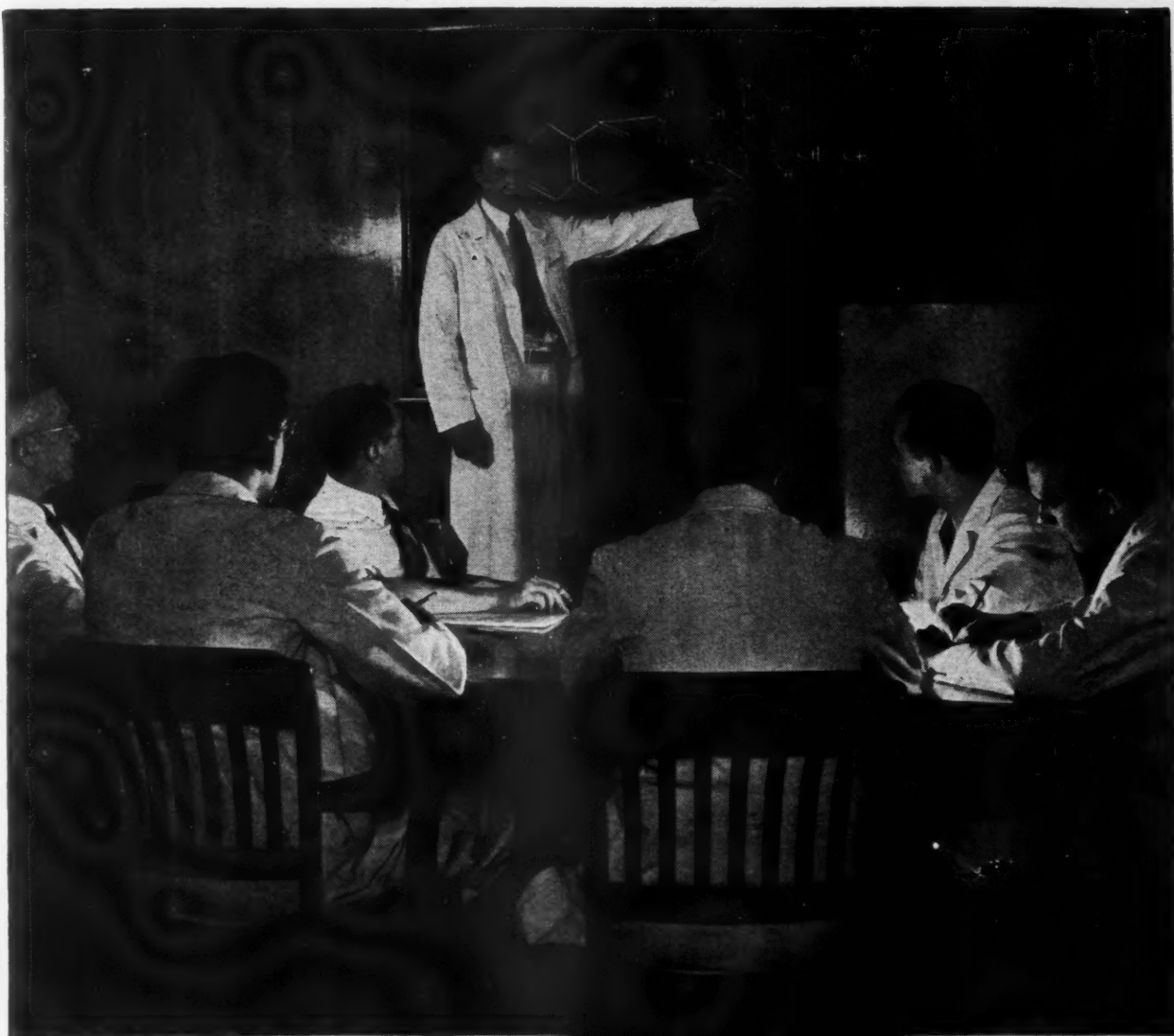
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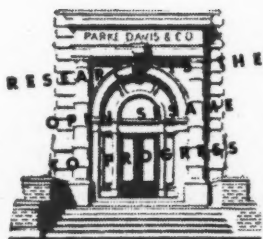


\*N. Y. State Journ. Med. 35 No. 11,590 \*\*Laryngoscope 1935, XLV, No. 2, 149-154

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A powdered modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, coconut oil, corn oil, and fish liver oil concentrate.

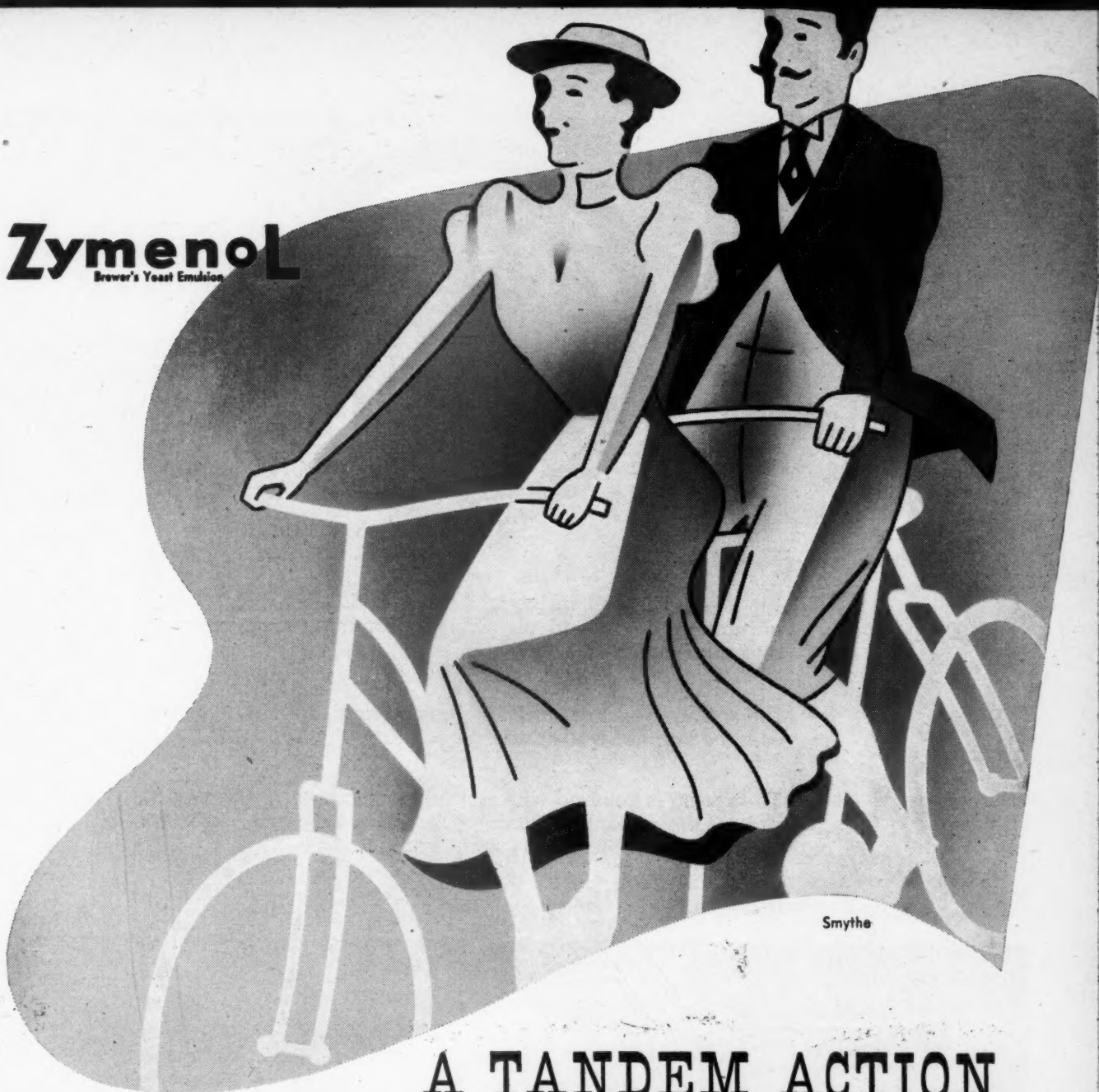


One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

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End view of "RAMSES" Dia-  
phragm Rim showing coil  
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During periods of acute febrile disease, dietary adjustment must be made to satisfy the change in nutritional demands: Protein requirements are increased 50 to 100 per cent; caloric expenditure is raised because of increased heat production, and vitamin needs, especially those of the water-soluble groups, are greater. Only by fully meeting these altered requirements can recovery be hastened; can convalescence be shortened, and the usual state of lethargy reduced in severity.

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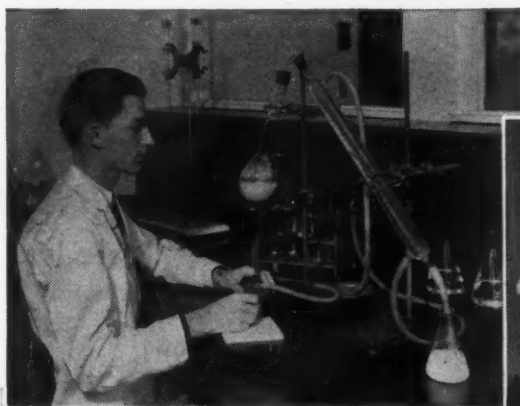
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Three daily servings (1½ oz.) of Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*		Dry Ovaltine	Ovaltine with milk*
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CARBOHYDRATE .	30.0 Gm.	62.43 Gm.	VITAMIN D . . . .	405 I.U.	480 I.U.
FAT . . . . .	2.8 Gm.	29.34 Gm.	THIAMINE . . . .	.9 mg.	1.296 mg.
CALCIUM . . . .	.25 Gm.	1.104 Gm.	RIBOFLAVIN . . . .	.25 mg.	1.278 mg.
PHOSPHORUS . . .	.25 Gm.	.903 Gm.	NIACIN . . . . .	3.0 mg.	5.0 mg.
IRON . . . . .	10.5 mg.	11.94 mg.	COPPER . . . . .	.5 mg.	.5 mg.

\*Each serving made with 8 oz. of milk; based on average reported values for milk.

# WITH AN EYE TO THE FUTURE



*A corner of the section devoted to research in organic synthesis.*



*One of the many potency and purity tests on biological products.*

*All crude drugs, chemicals, etc., are subjected to exacting tests for identity, purity and strength.*

Truly, the research worker epitomizes the vision, courage and steadfastness of the pioneer.

His gaze is constantly directed toward unlimited horizons. In the pharmaceutical and biological fields research is ever seeking out new and improved methods for preventing and treating disease.

Research occupies a dominant position in the operations of Pitman-Moore Company. In both our Biological and Pharmaceutical Laboratories our research workers labor constantly to develop new prophylactic and therapeutic weapons,

new technics of treatment, improved methods for standardization of our products.

During the more than 45 years in which Pitman-Moore Company has served the professions of Medicine and Pharmacy, the expansion of the research departments has kept pace with the growth of all other departments.


In the war emergency, Pitman-Moore research and production have gone hand-in-hand to place at the disposal of the military and civil branches of the medical profession the great quantity of biological and pharmaceutical products so needed to combat the ravages of disease and traumatic injury.

*"It is no small thing to know that on what we make may depend whether life shall be preserved or shall perish."*

—The Pitman-Moore Laboratory Workers' Creed

**PITMAN-MOORE COMPANY**

PHARMACEUTICAL AND BIOLOGICAL CHEMISTS

Division of  Allied Laboratories, Inc., • Indianapolis 6, Indiana

OCTOBER, 1944

Say you saw it in the Journal of the Michigan State Medical Society.

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